

SUCCE: SATISFYING UNIONS THROUGH COUPLES COMMUNICATION AND  
ENHANCEMENT SKILLS: A SECONDARY PREVENTION AND ENHANCEMENT  
PROGRAM FOR MARRIED COUPLES

A Dissertation

by

MARY CUNNINGHAM OXFORD

Submitted to the Office of Graduate Studies of  
Texas A&M University  
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

August 2003

Major Subject: Psychology

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## ABSTRACT

Succes: Satisfying Unions Through Couples Communication and Enhancement Skills: A  
Secondary Prevention and Enhancement Program for Married Couples. (August 2003)

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Marriage prevention and enhancement programs are vital to the future of society due to their expanded ability to reach many couples that might not otherwise seek help in building the tools necessary for a successful relationship. Because marital distress has been related to many negative long-term health and emotional consequences, preventing these damaging outcomes is a rising priority for psychologists and the health care field. In this study, 55 couples started a secondary marital enhancement and prevention program called SUCCES. The SUCCES program merges multiple interventions from distinct empirically supported couples treatments within a conceptually pluralistic framework. Cognitive behavioral skills development as well as insight and emotion-focused couples therapy techniques are interwoven with each other in the program.

Thirty-two couples completed the 9-week intervention and the six-month follow-up assessment period. Although there was no control group, repeated-measures MANOVAs yielded positive results when assessing increases in interpersonal functioning. Couples who participated in the program reported higher levels of satisfaction in broad and specific areas of their relationship upon completion. In

addition, couples reported fewer relationship problem areas and an increased quality of life. Almost all increases remained significant at six-month follow-up. These positive initial findings suggest the potential efficacy of the SUCCES program and the importance of future controlled outcome studies to validate its clinical utility.

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## INTRODUCTION

### The Definition of Prevention and Enhancement Groups

“Prevention and enhancement couples programs” refer to any interventions that seek to prevent personal and relational dysfunction by combining the reduction of destructive relational behaviors with the promotion of relational wellness behaviors (Berger & Hannah, 1999; Van Widenfelt, Markman, Guerney, Behrens & Hosman, 1997). This definition incorporates prevention and enhancement because these two areas often overlap and both are important in a model of relationship health (Guerney & Maxson, 1990; Van Widenfelt et al., 1997).

In a call for prevention science, Coie, speaking for the Institute of Medicine, defined prevention as interventions that, “aim to counteract risk factors and reinforce protective factors in order to disrupt processes that contribute to human dysfunction,” (Coie, Watt, West, Hawkins, Asarnow, Markman, Ramey, Shure & Long, 1993, p. 1013). Because destructive intimate relationships are related to a variety of negative health and psychological conditions (Sayers, Kohn & Heavey, 1998), prevention extends to interventions that promote healthy relationships (Van Widenfelt et al., 1997). Relationship enhancement programs are similar to prevention programs in that they promote protective factors in healthy relationships. However, they focus more on increasing immediate personal and relational well-being than intervening with risk factors. Guerney and Maxson (1990) defined enrichment as “psychoeducational

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This dissertation follows the style and format of the *Journal of Family Psychology*.

programs designed to strengthen couples or families so as to promote a high level of present and future family harmony and strength, and hence the long-term psychological, emotional, and social well-being of family members” (p. 1127).

Prevention and enhancement efforts usually focus on inoculating couples from risk factors such as destructive communication styles and unrealistic beliefs while promoting protective factors such as positive attitudes and satisfying physical and emotional intimate exchanges (Berger & Hannah, 1999). As the name prevention implies, these programs are usually oriented toward the future rather than directly working with current problems the couple may be facing (Markman, Floyd, Stanley & Lewis, 1986). In addition, these programs are usually didactic, experiential, manualized, group-oriented, and time-limited (Berger & Hannah, 1999; Guerney & Maxson, 1990; Smith, Schoffner & Scott, 1979).

Primary prevention programs are generally geared toward high-functioning, healthy couples with few relational problems. On the other hand, secondary prevention programs target couples who may be at risk for serious future relationship problems due to either their current functioning level (some negative interaction patterns), their current relational problems, or their indicators of risk (having a family history of divorce or being young when married). Whereas many premarital enhancement seminars are primary prevention efforts, enhancement efforts with married couples frequently target couples in need of secondary prevention efforts due to already established negative patterns or preexisting relationship distress that causes couples to seek marital help.

### The Need for Couples Prevention Programs

Many arguments for the importance of prevention programs have been identified.

Several of these are included below.

1. Typical couples might be more likely to receive services if the help were in the form of universal preventions, offered in highly visible settings, respective to the cultures of different risk groups such as churches, schools, and community health centers. These universal interventions might be preferred to the more limited marital therapy available and acceptable to people once they actually have a problem (Stanley, Markman, St. Peters & Leber, 1995; Van Widenfelt et al., 1997).
2. Outcome data for traditional marital therapy indicates that around 67% of couples are still describing their relationship as unsatisfying once therapy is over. In addition, around 28% of couples lose the gains they made in therapy within six months posttreatment (Fraenkel, Markman, Stanley, 1997; Hahlweg & Markman, 1988; Jacobson & Addis, 1993; Jacobson, Follette, Revenstorf, Baucom, Hahlweg, Margolin, 1984; Shadish, Montgomery, Wilson, Wilson, Bright, Okwumabua, 1993). For some couples, once dissatisfaction becomes entrenched, marital therapy may be helpful but may not be enough.
3. Couples wait an average of six years once they start having problems before they get help through therapy (Buongiorno, 1992). During this time they incur needless tension and emotional suffering which might have been eliminated with prevention efforts (Bradbury & Fincham, 1990; Fraenkel, et al., 1997).

4. The personal and societal financial costs of marital therapy, as well as the secondary psychological, medical, and legal costs related to marital distress, might be reduced altogether if prevention was the rule rather than the exception (Bradbury & Fincham, 1990; Fraenkel et al., 1997; Van Widenfelt et al., 1997).
5. It is probably easier for couples with few negative relationship patterns to enhance and protect their relationship through the use of skill incorporation in prevention programs than it is for couples with entrenched negative patterns to master different methods of interacting (Berger & Hannah, 1999; Gottman, 1994; Markman & Floyd, 1981; Markman & Hahlweg, 1993; Van Widenfelt et al., 1997).

#### Current Relationship Enhancement and Prevention Groups

Outcome data for the many relationship enhancement and prevention groups currently in use are promising. Two meta-analyses have been conducted on various marriage preparation and prevention programs. Giblin, Sprenkle, and Sheehan (1985) included 85 premarital, marital, and family enrichment programs in a meta-analysis that produced average effect sizes (ES) of 0.44. The ES of 0.44 indicates that the average person participating in these enrichment programs is better off than 67% of those who do not. Of the 34 studies that included follow-up measures ranging from two to 52 weeks, the average follow-up effect size was 0.34 indicating a significant drop from posttest. However, on average, the follow-up scores were still higher than pretest scores.

Other important findings from the Giblin et al. (1985) study indicated that longer programs with younger, less educated, and more distressed couples were related to larger



effect sizes, whereas variables expected to relate to ES, such as specificity of program goals and experience of leaders, were not related. Effect sizes were significantly larger for relationship skills such as communication and problem-solving than for overall relationship satisfaction or individual personality measures. This may indicate the decreased impact of prevention on these domains or the lack of sensitivity of the latter two variables to measures of short-term change. Giblin et al. (1985) summarized the results of the 85 studies by noting “it should be laid to rest the charge that enrichment is ineffective” (p. 269).

Hahlweg and Markman (1988) conducted a meta-analysis of seven cognitive behavioral premarital intervention programs and found an average effect size of 0.79 for the 38 measures included. Hahlweg and Markman (1988) reported that this ES indicated that the chance of improving was 67% for experimental couples, while the chance of improvement for control couples was 33%. The reviewers found that three of the seven studies conducted follow-up assessments 6 to 18 months after treatment and these yielded an average effect size of 1.01. The one study that conducted a 3-year follow-up had an effect size of 0.65. These results indicate that the positive effects of cognitive-behavioral premarital interventions initially increase and then decrease over time.

The Giblin et al. (1985) and Hahlweg and Markman (1988) meta-analyses indicate that prevention programs have moderate efficacy. The two studies also indicate that prevention programs will produce larger effect sizes if they are longer, target couples with low to moderate distress, and teach behavior-exchange skills that immediately enhance the relationship.

### Call for Pluralistic Prevention Programs

The limited number of programs that incorporate both breadth of scope while also targeting the most important prevention components, as well as the limited number of programs that have well-designed research outcome data, have caused many in the field to call for a new kind of intervention (Coie et al., 1993). These new programs, based on the “science of prevention,” use core and adaptable features in order to target both universally important components for all couples, as well as components that may be more helpful to identified groups based on their specific needs.

A review of the prevention and marital therapy outcome literature indicates that core features include communication skills, conflict-resolution skills, behavior exchange, and cognitive restructuring focused on reducing unrealistic expectations about one’s partner and the relationship. The science of prevention is still not developed enough to predict exactly which adaptable features will be the most important for which groups, but some possibilities include the exploration of developmental issues, focusing on intentionality in marriages, and learning to forgive.

Williams, Riley, Risch, and VanDyke (1999) found that eight to nine sessions is the optimum balance between the number of sessions couples are willing to attend and the number necessary for program effectiveness. Therefore, programs may benefit by being about two months in duration. In addition, outcome and consumer preference studies indicate that participants prefer to be given experiential exercises in addition to didactic presentations from at least two facilitators in order to get multiple perspectives (Sayers, Kohn, & Heavey, 1998; Silliman & Schumm, 1999; Williams et al., 1999).

## SUCCES (Satisfying Unions through Couples Communication and Enrichment Skills)

### *Theoretical Underpinnings*

Snyder (1999a) noted that “effective treatment is most likely to be rendered when the couples therapist has a solid grounding across diverse theoretical approaches, has acquired a rich repertoire of intervention techniques linked to theory, engages in comprehensive assessment of the marital and family system, and selectively draws on intervention strategies across the theoretical spectrum in a manner consistent with an explicit case formulation” (p. 349). In addition, Snyder (1999b) reported that these clinical interventions “should be guided by ... empirical findings regarding the efficacy of interventions derived from competing treatment models” (p. 81). If one were to summarize the approach proposed by Snyder (1999a), it would entail having a systematically informed pluralistic strategy for choosing interventions from various theoretical models. The choices would be based on the individual needs of the couple as assessed through a case formulation and the empirical support for treatment of those needs in the literature.

Snyder (1999b) proposed six levels of intervention arranged hierarchically from which to implement the informed pluralistic approach. The model progresses from more fundamental interventions that help promote a collaborative alliance and develop structure and safety in marital interactions to more emotionally challenging interventions that address the developmental sources of relationship problems.

### *Program Development*

Because of the call for programs designed with the principles of the science of prevention as a guide, a new program for primary and secondary prevention and enhancement of couples' relationships named SUCCES was developed. This program was founded on the pluralistic approach suggested by Snyder (1999b). The hierarchical model using diverse theoretical models in a collaborative fashion was used in the design and operation of the SUCCES prevention program. Many leading models of change were included in this program based on empirically derived needs as documented in the couples and family literature as well as in the prevention and enhancement literature. In addition, a pilot study was run with 8 couples in order to "test-run" the intervention techniques and receive additional feedback on the "user-friendliness" of the modules included. This approach was used based on Silliman and Schumm's (1999) recommendation that "providers use client input in designing programs to ensure that programs address the actual and perceived needs of ... the couples," in order to increase consumer satisfaction and participation.

Although cognitive behavioral strategies were incorporated in many components, the program also carried a developmental focus. Most of the frequently identified "core features" from couples groups were represented in the program in addition to several "adaptable features" as requested by couples in the pilot study and as deemed necessary given the elevated levels of distress sometimes seen in our target couples.

Because the Institute of Medicine made recommendations that prevention programs identify risk and protective factors for dysfunction and then build interventions

to address those factors (Coie et al., 1993), this program was also developed in order to address some of the most common factors derived from longitudinal studies of marital failure and success. Examples of risk factors that the SUCCES program directly addresses include high rates of negative and cyclical negative exchanges, increased disillusionment, disparate conflict resolution styles, emotional invalidation, and low levels of warmth and intimacy. Some protective factors that are taught in the SUCCES program include high rates of expressing affection, realistic and similar expectations for marriage, increased rates of repair mechanisms and acceptance, and effective problem-solving skills. Figure 1 is a more extensive list of risk and protective factors identified in the marital literature studies that this program was developed to improve.

Lastly, due to the high level of distress in some of our target couples, this program had a unique focus on forgiveness and moving past relationship hurts that other trans-theoretical programs have not included. Figure 2 shows the six-level model for intervening with couples as proposed by Snyder (1999b). The SUCCES components are mapped onto the hierarchically arranged interventions to demonstrate the overlap between our program and the theoretical foundation from which it was derived.

Snyder (1999a) suggested that, although therapy will often progress from the lower levels of the model to higher levels in a sequential fashion, the therapist may need to return to lower levels in the model when the couple's interactions demand more containment or structure. Similarly, couples in the SUCCES program were always asked to use the communication and conflict resolution skills from earlier modules in later, more challenging and emotionally arousing modules. The following is a module

by module description of the SUCCES program components. Figure 3 shows the individual program modules, the goals set forth to accomplish in each module, and the specific exercises and skills used within each module of the SUCCES program.

### *Intervention Modules*

#### *Pregroup Couples Meeting*

Before the group began, a face-to-face pregroup interview was conducted with each couple. This interview was primarily used for screening and procedural issues. However, this private meeting was also used to begin building the therapeutic bond between the couple and the facilitators before the group started. Any questions couples had before the group began were addressed and any concerns or fears the couples had about sharing their relationship intimacies with other strangers were discussed. The pregroup meetings also included a review of the reasons each member of the couple was interested in the group experience, what each individual wanted from the experience, and the couple's shared goals for the experience. In addition, time was spent reviewing particular areas of strengths and weaknesses for the couple so that the facilitators and couple could make sure that the couple's needs were going to be addressed.

#### *Cognitive Behavioral Skills Training*

Halford (1998) reviewed the current practice of behavioral couples therapy and concluded that it "consists of three components [including]... behavioral exchange, communication training [emotional expression communication and problem-solving communication], and cognitive restructuring" (p. 617). These components comprise the first half of the SUCCES program.

*Behavior exchange and bonding.* These skills are based on social exchange theory which purports that relationships need to be emotionally reinforcing in order to justify behaviorally the hard work and sometimes negative aspects of their existence. Couples are often very happy at the beginning of their relationship and are the major sources of emotional reinforcement for each other. However, oftentimes, this state of affairs declines due to problems. For this reason, activities that encourage fun, caring for each other, positive exchanges, enjoyment of each other as friends, and bonding were included in the SUCCES program. “Play Dates,” reserved couple times, and “Caring Days,” when one partner pays particular attention to meeting the needs of the other, were all skills that were taught in the first module of the SUCCES program.

Behavioral contracting and social exchange techniques have received a substantial amount of support in the marital therapy literature. LeCroy, Carrol, Nelson-Becker, and Sturlaugson (1989) reported a study in which couples were randomly assigned either to a control group or a group in which the “caring days” technique was taught. The “caring days” group improved significantly more than the control group on dyadic adjustment and marital satisfaction. Emmelkamp, van der Helm, MacGillavry, and van Zanten (1984) found that including behavioral contracting produced significant improvements in marital functioning from pre- to post group. Similarly, Baucom (1984) compared BMT with and without contracting with a contracting-only condition. At 3-month follow-up, the contracting-only condition helped 77% of the couples improve, whereas the BMT and the BMT + contracting condition only helped 57% and 58% of the couples improve. In sum, increasing positive affective and instrumental behaviors

through the use of caring days, increasing enjoyable couples' activities, and mutual behavior exchange, are all commonly used techniques in behavioral and cognitive-behavioral couples therapy (Epstein, Baucom & Daiuto, 1997). Therapies using behavioral contracting as one component of BMT have been reviewed by Baucom et al. (1998) as efficacious and specific treatments of marital distress.

Within the prevention literature, behavior exchange has had less empirical investigation. Results from two reviews of enhancement groups as reported by Gurman and Kniskern (1977) and Hoff and Miller (1981) covered eight programs in which behavior exchange was the main intervention component. The results tended to favor the inclusion of behavior exchange, but there were two studies that showed some decreases in marital functioning after training. Hof and Miller (1981) concluded that behavior exchange programs were superior to other programs as indicated by changes in most measurement areas. However, reports regarding the efficacy of behavior exchange have been less frequent in the prevention literature in the last two decades.

*Speaking to be heard.* Speaking skills focus on the importance of stating one's feelings and ideas in a way that one's partner can actually hear and process the information rather than hear an attack and then reject the message. These skills include the use of "I" statements, speaking subjectively, taking turns, avoiding dominating the conversation, avoiding inflammatory comments, and avoiding insults, labeling, and yelling. Emotional expression skills (EET) were also included in this module, as a technique called "leveling" was taught. Leveling has a person speaks of a situation and their feelings about it in order to help their partner develop empathy and understanding.



The empirical support within the marital therapy literature for teaching communication skills is extensive. In regards to Emotional Expressiveness Training (EET), Baucom, Sayers, and Sher (1990) conducted a study comparing traditional BMT with BMT plus cognitive restructuring and (EET). Conditions that included EET showed significant increases in affect-related measures relative to the other conditions.

In addition, Baucom and Epstein (1990) summarized the results of five communication training approaches in marital therapy and reported that “the combined findings from these investigations suggest that communication strategies can successfully teach the specific communication skills on which they focus” (p. 429). In a study predicting couples’ responses to different types of marital therapy, Snyder, Mangrum, and Wills (1993) found that four-year posttreatment relationship distress was predicted by couples who terminated therapy while still having poor communication skills. Similarly, Jacobson (1989) studied couples who initially recovered in therapy but later returned to baseline distress levels and found that failure to provide communication and problem-solving training was related to relapse. Lastly, Baucom, Shoham, Mueser, Daiuto, and Stickle (1998) conducted a review of the efficacy of couple and family interventions for the treatment of marital distress and adult disorders. The authors summarized that, “BMT meets the criteria as an efficacious and specific intervention for marital distress” (Baucom et al., 1998, p. 58). Most studies included under the BMT category included communication skills training and problem-solving components.

*Listening skills and empathy.* Listening skills include teaching specific skills such as summarizing, attending, reflecting, and validating, as well as a general attitude

or belief in the basic value of understanding one's partner's perspective. Taking turns, communicating understanding before responding, refraining from criticizing, judging, or attending to one's own reactions are all listening skills that were taught in the third SUCCES module. Exploring and processing the importance of empathy as well as how to communicate this basic relationship enhancing tool was also emphasized.

Much of the empirical marital and prevention research supporting listening skills is subsumed under global assessments of communication interactions which were discussed previously. These reviews concluded that there has been support for listening skills in the marital therapy outcome literature as well as in the prevention literature. A few studies, however, have separately reported changes in listening and empathy skills. Ridley, Jorgenson, Morgan, and Avery (1982) and Avery, Ridley, Leslie, and Milholland (1980) both found increases in empathy skills as measured by behavioral measures and self-report instruments as a result of skills training in communication. Durana (1994) assessed couples graduated from the PAIRS program and found that the workshop increased couples' empathy for others and encouraged emotional openness and listening. In a conference presentation regarding the efficacy of an empirically supported prevention and relationship enhancement program named PREP, Epstein, Baucom, and Daiuto (1997), reported that PREP was able to reliably teach couples to use listening skills to increase in their overall marital satisfaction.

*Conflict-resolution and problem-solving.* Whereas conflict-resolution usually refers to skills that help couples handle disagreements in non-harmful ways, problem-solving often involves a series of steps through which to reach some decision regarding a

problem or task. Both sets of skills were taught in the fourth SUCCES module by promoting a long-term view of marriage. This view helps both spouses make sure that their immediate wishes and needs do not supersede their desire to find solutions that makes both partners satisfied over the course of their relationship. SUCCES also taught that although each partner may have little motivation to compromise, problems or requests for change are occurring in the context of a deeply caring relationship. It is believed that if couples can keep that perspective, the caring feelings will often allow partners to stretch to meet the needs of the other in order to decrease their partner's distress or increase their partner's satisfaction. In addition, SUCCES taught couples to work together to fight problems instead of each other. Acceptance of unresolvable problems which often occur in long term relationships was also promoted as Gottman and Gottman (1999) noted that around 69% of marriages will have some type of perpetual problem or irreconcilable difference that can take an enormous toll on the marital satisfaction of both spouses if handled the wrong way.

Problem-solving skills and conflict-resolution skills are usually linked to communication training and the general behavioral marital therapy (BMT) outcomes in the marital therapy literature. Few studies have shown the superiority of BMT compared to other treatments, but most have shown its superiority to no-treatment or wait-list controls on measures of communication and problem-solving (Baucom, 1984; Hahlweg et al., 1984; Halford, Sanders, & Behrens, 1993; Jacobson & Margolin, 1979).

Within the prevention and enhancement literature, Relationship Enrichment (RE) participants showed greater gains compared to alternative treatments on their ability to

handle problems (Guerney, 1977) (Jessee & Guerney, 1981). Similarly, couples who participated in a group called TIME scored significantly higher than couples in two other treatment groups in conflict-resolution skills (Hawley & Olson, 1995). Couples Communication participants experienced increased problem-solving communication behaviors, as well as increased satisfaction with the process and the actual solutions reached compared to pregroup assessment (Miller & Sherrard, 1999). Imago Relationship Therapy also produced significant improvements in satisfaction around problem-solving communication as measured from pre- to postintervention (Hendrix & Hunt, 1999). Participation in the PAIRS program led to increases in conflict-resolution and problem-solving skills from pre- to postassessment (Durana, 1994; Durana, 1996). Lastly, couples who have participated in the PREP program have shown significantly better conflict-resolution skills than control couples in a number of studies at both posttest and follow-up (Hahlweg, Markman, Thurmaier, Engl, & Eckert, 1998; Markman, Floyd, Stanley, & Storaasli, 1988; Markman & Hahlweg, 1993; Markman, Renick, Floyd, Stanley, & Clements, 1993).

*Changing thinking errors and attributions in relationships.* Cognitive restructuring involves learning skills to recognize and change dysfunctional thinking patterns that contributes to seeing one's self, one's partner, and one's relationship in an unrealistic light. These skills, as well as exploration of the negative attributions individuals make about their spouse's behavior were discussed in the fifth SUCCES module. However, unrealistic expectations for marriage contracts were explored in the sixth module as these phenomena are conceptually closer to family-of-origin issues.

Empirical support for the inclusion of some type of cognitive restructuring component when working with distressed couples is more frequent in the marital therapy literature than in the enhancement literature. Baucom and Epstein (1990) reviewed the marital therapy research investigating the effectiveness of three cognitive therapy studies (Emmelkamp, van Linden van den Heuvell, Ruphan, Sanderman, Scholing & Stroink, 1988; Epstein, 1982; Huber & Milstein, 1985) and a cognitive behavioral therapy study (Baucom & Lester, 1986) with distressed couples. The reviewers reported that “the results of these investigations do indicate that cognitive restructuring in isolation and in combination with BMT is capable of producing meaningful cognitive changes in couples, particularly regarding unrealistic relationship standards .... Overall, these treatments also have been effective in increasing marital adjustment” (p. 431). They did note, however, that no differences have been found between BMT treatments that include cognitive components and those that do not. Similarly, in Baucom et al.’s (1998) review of empirically supported couples’ treatments, the authors noted that “the findings suggest that supplementing BMT with Cognitive Restructuring (CR) is as efficacious as BMT alone, but does not produce enhanced treatment outcomes. The combination of BMT and CR has been found to be more effective than a wait-list control by only one research team and, therefore, is most appropriately classified as possibly efficacious” (p. 60).

### *Exploration and Intentionality Skills*

Exploration and intentionality skills cover a wide variety of topics that can best be conceptualized as focusing on the examination of interpersonal relationship dynamics

and intrapersonal factors that influence interpersonal interactions and the outcome of the marriage. Although many skills were taught in this section of the group such as how to do this exploration and how to make necessary changes if one is not satisfied with the results of the examination, this series of components focused more on insight and developmental issues than traditional cognitive-behavioral skills training. The intentionality focus of the latter part of the program is based on the idea that couples can choose behaviors that will either increase or decrease the likelihood of marital success. Increasing physical and emotional intimacy, decreasing the damage from relationship hurts, and planning for the future are all techniques that fall within this domain.

Because little empirical research has been done in the marital therapy outcome literature on the individual components within this section, the research that has been conducted on insight-focused marital therapy and emotion-focused therapy will be briefly reviewed now. Using this body of literature is considered appropriate due to the match between the previous description of the content of this section and the following description by Snyder and Wills (1989) of insight-oriented marital therapy (IOMT). “This approach attempted to integrate individual, couple, and family functioning by addressing developmental issues, collusive interactions, incongruent contractual expectations, irrational role assignments, and maladaptive relationship rules ... so that these could be restructured or renegotiated at a conscious level” (p. 41). Similarly, emotion-focused therapy (EFT) is focused on “helping each partner to explore and communicate his or her emotional experience around issues such as affiliation-closeness and control-dependence [so that once their valid] needs are made clear, each person will

understand himself or herself in new ways and view his or her partner differently and more sympathetically. This will then lead to less defensive interactional patterns between the partners” (Baucom et al., 1998, p. 61).

Snyder and Wills (1989) compared IOMT as described above with a BMT treatment. Measures of personal and relationship adjustment showed significant positive effects from intake to termination for both groups in global marital accord, decreases in overall psychological distress, and increases in both spouses’ individual self-concept. A four-year follow-up study indicated that IOMT may be better at producing long term gains than BMT (Snyder, Wills & Fletcher, 1991). More specifically, 38% of the BMT couples were divorced at follow-up whereas only 3% of the IOMT couples were divorced. In addition, BMT couples showed significantly higher rates of deterioration on marital adjustment scores when compared to IOMT couples.

In a study of emotionally focused therapy (EFT), couples showed significant gains on dyadic adjustment, intimacy, target complaint reduction and goal attainment (Johnson & Greenberg, 1985a). In another study, EFT was compared to BMT and a wait list control with moderately distressed couples (Johnson and Greenberg, 1985b). EFT was superior to both conditions on most outcome measures of adjustment. Goldman and Greenberg (1992) compared EFT with systemic couples therapy and a wait-list condition and found that both models were significantly more effective than the control condition in increasing marital adjustment, but neither was superior to the other.

In summary, Baucom et al. (1998) noted that, on the basis of the superiority of IOMT to waiting list couples in the studies above, “IOMT is categorized as possibly

efficacious” (p. 60). Baucom et al. (1998) also noted that “EFT should be viewed as an efficacious treatment for assisting maritally distressed couples” and that it may be superior to other types of efficacious treatments such as BMT (p. 61). When taken together, it seems that the interventions included in the second half of the SUCCES program have a strong empirical basis in the marital therapy literature, even if very little prevention literature has been produced documenting their specific efficacy.

*Family-of-origin and shared relationship contracts.* Most individuals have expectations, rules or contracts that may be spoken or unspoken, and conscious or unconscious, for their partner’s behavior and the relationship. Often, these expectations come from models in one’s family of origin or popular media. When both individuals assume that their partner is acting under their own same set of expectations and this not the case, a sense of betrayal or confusion often occurs. The sixth SUCCES module tried to help couples identify spoken and unspoken contracts, share them with each other, and choose which ones they would like to keep and which ones are remnants from their respective families-of-origin or other past relationships that are no longer helpful to the current relationship. Patterns of distance versus closeness, engagement versus disengagement, and ways to express love and anger were all topics that were included in this exploration of expectations and one’s family-of-origin.

Several marital enhancement programs have shown positive effects in increasing realistic and shared expectations for marriage. Assessments of a program called SYMBIS indicated that couples showed significant improvements in realistic beliefs and attitudes about marriage from pre- to postintervention (Parrott & Parrott, 1999). PREP



couples decreased their unrealistic attitudes about their relationship as assessed by a measure of romanticism from pre- to postassessment (Markman, Jamieson, & Floyd., 1983). Bagarozzi, Bagarozzi, Anderson, and Pollane (1984) reported that couples who received the Premarital Education and Training Sequence (PETS) showed a significant decrease on the Irrational Beliefs Test (Jones, 1968), whereas control couples experienced an increase during the same period of time indicating that PETS was able to decrease participants unrealistic expectations about marriage and their partner.

*Increasing physical and emotional intimacy.* The seventh module, physical and emotional intimacy, included skills-training and exploration of couples' beliefs, wishes, wants, and needs for physical and emotional intimacy. The importance of open communication relating to sexual topics was also emphasized. This module reviewed the differences among sex, intimacy, and sensuality, as well as the importance of non-sexual touch. The module exercises had partners work to discover what their partner's needs are, explore gender differences in sexual preferences, explore new sexual and non-sexual intimacy techniques, and identify common and personal sexual myths and pitfalls.

Dyer and Dyer (1999) reported that participants in a program called A.C.M.E. showed improved intimacy skills compared to control groups. Participants in the Relationship Enrichment program reported increased satisfaction with intimacy compared to their pregroup satisfaction levels and a discussion control group (Cavedo & Guerney, 1999; Ridley et al., 1982). The PREP program showed that through improving communication and skill building on sexual and sensual enhancement, program participants demonstrated significantly more sexual knowledge and were less likely to

endorse popular sexual misconceptions than controls (Markman et al., 1983).

*Moving past relationship hurts.* Over time, most couples experience small and large hurts related to the relationship. If these hurts are not resolved properly, resentment often builds up and one's partner is increasingly associated with pain rather than pleasure leading to retaliation or withdrawal from the relationship. If this pattern of pain, retaliation, and withdrawal continues, the eventual outcome may be extreme marital dissatisfaction or divorce. The eighth SUCCES module sought to teach couples a method for fully understanding the issues surrounding relationship hurts and how to make changes that decrease the likelihood of future hurts. A three-step model for moving past relationship hurts was taught and beliefs about forgiveness were explored. This method of promoting reconciliation was intended to prevent retaliation and withdrawal and instead promote understanding, forgiveness, and acceptance. Support for the promotion of forgiveness or skills to move past relationship hurts was not specifically found in the literature. However, many of these skills are often incorporated into emotional expressiveness skills and conflict resolution skills and therefore likely have some validation in the marital therapy literature.

*Creating an intentional marriage and looking ahead.* Making immediate, short-term, and long-term choices that preserve the marital relationship was the focus of the last SUCCES module. Because use of all of the previous skills is subject to choice, the first eight modules were reviewed in this module. An explicit focus on the need to be intentional and protective of the relationship in everyday moments was emphasized. The need for continual commitment, growth, and prioritization of the marital relationship

was also discussed. In addition, setting relationship goals, making plans to work towards these goals, and developing shared dreams were other aims of this module.

The prevention and enhancement literature has focused more on the concept of commitment than the couples therapy literature but both areas are somewhat sparse. In a survey of couples graduated from the PREP program, 70% of the respondents rated the commitment focus as helpful to their marriage. This component was ranked second of all PREP components for helpfulness (Stanley, Blumberg, & Markman, 1999). Another relationship enhancement program reported graduates increased significantly more than control couples on a measure of commitment (Bagarozzi et al., 1984).

#### *Summary of Efficacy for Program Components*

In summary, there tends to be more direct empirical support for the program components focused on in the cognitive-behavioral skills development section of the SUCCES program such as those treatments tested for efficacy in trials of Behavioral Marital Therapy, Cognitive Restructuring, and Behavioral Contracting. However, one can infer that there is also empirical support for the program components within the exploration and intentionality skills portion of the program as reviewers have labeled related interventions including Insight-Oriented Marital Therapy and Emotion-Focused Therapy as “possibly efficacious” and “efficacious” treatments for distressed couples respectively. Because there have been a few marital therapy trials combining these two types of treatment, the SUCCES program is original in providing both cognitive-behavioral and insight/emotion focused work in one relationship enhancement seminar.

## METHOD

### Participants

In order to be selected for the study, subjects either had to be married or have plans to marry within the year. In addition, both members of the couple had to be over the age of 18 and had to be living together at the time of their participation in the study. The couples had to have a phone screening and face-to-face meeting at which time assessments of the couple's functioning were conducted. The study targeted moderate- to high-functioning couples with stable marriages. Research from other prevention programs and the outcome pilot study indicated that this program is best suited as a primary or secondary intervention for couples who are fairly satisfied or that have relationship problem areas, but in general are stable in their commitment to each other. The manual used in the program was not designed for serious relationship repair.

### *Screening and Selection*

In order to avoid offering the program to couples who were severely distressed or who were functioning poorly, the program designers developed a set of "risk-assessment" guidelines. These criteria were based on the belief that groups usually function best when the couples are somewhat homogeneous in their level of relationship satisfaction and goals they are trying to accomplish.

Screening couples included a two-step process. First, a brief phone interview was conducted and then a face-to-face prescreening interview was required. The twenty-minute phone interview included enough material to rule-out couples who would be clearly inappropriate for the group. The phone interview identified couples who were

not married, were physically assaultive with each other, had experiences with extramarital affairs in their history, had been separated, had substance abuse histories, or who were in concurrent couples therapy. Addendum A is a copy of the phone-screening questionnaire. An affirmative answer on any of these “risk criteria” did not eliminate a couple from consideration from the group but were “red flags” to process in supervision with the lead investigator as to the appropriateness of the couple for the group.

Generally, if any couple identified ongoing problems with the above “risk” factors they were eliminated from consideration for the study at this stage. In addition, if they answered in the positive direction for more than three of these risk criteria they were eliminated from the study at this stage.

In addition to the prescreening phone interview, a face-to-face meeting was also used for screening and rapport building with the couples before the group began. During the conjoint interview, signs of serious destructive interaction patterns or pathology not apparent from the phone screening were assessed. In addition, if the couple had noted risk indicators on the phone such as only one spouse being interested in the group, a history of an affair, or a conflictual interaction style, these risk indicators were further assessed. During this interview, the informed consent forms and ground rules for group participation were reviewed and couples were given information about the limitations of the intervention. During this second stage of screening, two couples that had seemed appropriate for the group over the phone were excluded due to the likelihood that they would benefit more from other types of treatment. In these cases, appropriate referrals were made.

*Sociodemographic Characteristics of the Sample*

Table 1 includes group means and standard deviations on demographic measures for the sample. The total sample included 55 couples who attended a pregroup screening interview, completed Time 1 assessment data, and attended at least one session of the program. Individuals who started the program ranged from ages 23 to 79. The average age of wives at the start of the program was 38 and the average age of husbands was 40. The average number of years of marriage was 12. Fifty-one of the couples had been married from 4 months to 37 years. One couple was married during the program and one couple was married at the completion of the program but both couples had lived together for at least one year. In addition, two couples were never married but had been living together for at least one year. Couples had from zero to four children with the modal number of children being two. Answers from the pregroup screening questionnaire and interview indicated that husbands rated their level of satisfaction in their marriage from four to ten with one indicating not at all satisfied and ten indicating complete satisfaction. Similarly wives' rankings ranged from 4 to 9.5. The husbands' average satisfaction ranking was 7.24 and the wives' was 7.21.

The ethnic makeup of the sample was 92% Caucasian, 2% African American, 5% Hispanic, and 1% Other. Husbands' occupations were primarily distributed between professional jobs (54%) and nonprofessional (technical, machinist, manual labor) (37%); whereas wives' occupations were divided between professional jobs (36%), technical jobs (44%), and other professions (homemaker, student, jobless) (21%). Spouses' years

of education ranged from 12 to 25 with the average number of years being 17. (See Table 2 for frequencies and percentages separately for husbands and wives.)

Table 3 shows frequencies and percentages for couple risk factors that were assessed during the pregroup screening interview. Approximately 27% of the spouses had one divorce in their history. Twenty nine percent of the husbands had experienced some previous therapy while 45% of the wives had been in therapy before. Twenty percent of the couples had experienced some type of physical aggression in their marital relationship in the past and 24% of the couples had been separated in the past. Only 10% of the couples reported having experienced an extramarital affair while 22% reported having had some history of alcohol or drug abuse.

## Measures

### *Intrapersonal*

#### *The Big Five Personality Inventory*

The Big Five Inventory (BFI; John & Donahue, 1994) is a 44-item inventory in which participants rate themselves on items such as “I see myself as someone who ... tends to find fault with others” on a scale of 0 to 6 with 0 representing “strongly disagree” and 6 representing “strongly agree.” John, Donahue, and Kentle (1991) report good reliabilities for the BFI scales including Extraversion,  $\alpha = .88$  ; Agreeableness,  $\alpha = .75$ ; Conscientiousness,  $\alpha = .81$ ; Neuroticism,  $\alpha = .83$ ; and Openness to experiences,  $\alpha = .83$ . In addition, this scale was adapted to assess partners’ rating of their spouses’ personality by changing the sentence stem to, “I see my partner as someone who...”.

Changes in BFI-self rated (BFI-SR) scores were used to assess whether changes in one's view of one's personality occurred as a result of participating in the group. Similarly, changes in BFI-partner rated (BFI-SR) scores were used to assess whether changes in one's view of one's partner occurred as a result of group participation.

*The Center for Epidemiological Studies - Depression Scale*

The Center for Epidemiological Studies - Depression Scale (CES-D; Radloff, 1977) contains 20 items that assess depressive symptomatology. Developed for epidemiological purposes, the CES-D has an internal consistency of .90 and adequate test-retest reliability. Higher scores indicate increased depression. Changes in raw scores were used to measure changes in individual symptomatology that may be related to increases or decreases in marital satisfaction.

*Quality of Life Inventory*

The Quality of Life Inventory (QOL Inventory; Frisch, Cornell, Villanueva & Retzlaff, 1992) was used to measure the level of satisfaction and the importance of 17 life domains from both partners' perspectives. Test-retest reliability of .80 to .91 and internal consistency of .77 to .89 have been demonstrated (Safren, Heimberg, Brown & Holle, 1996-1997). In addition, the QOL inventory has shown sensitivity to clinical treatments. Individuals were given 17 definitions of areas of life (e.g., health, recreation, work, home, and community) assessed by the inventory and asked to rate each area in terms of its importance to them (from "not at all" to "extremely") and their level of satisfaction with it (from "very dissatisfied" to "very satisfied").



Transformed scores were created such that items rated as not at all important to the individual carried less weight in the total score than items that were extremely important and higher ratings were given for higher levels of satisfaction in a domain. More specifically, domains that were rated dissatisfied to very dissatisfied were given negative ratings, domains rated neither satisfied nor dissatisfied were given neutral ratings; whereas domains rated satisfied to very satisfied were given positive ratings. These numbers were then multiplied by the “importance to the individual” scores in each domain ranging from 0 for a rating of “not at all important” to 2 for a rating of “extremely important”. Therefore, if someone was satisfied in an area but it was not at all important to them, this would yield a score of zero; if someone was dissatisfied and the domain was extremely important, this would yield a larger negative score; and if someone was very satisfied and the item was important this would yield a moderately positive score. Changes in the transformed scores were used to assess whether participation in the group intervention caused either increases or decreases in the participants’ subjective sense of overall quality of life.

### *Interpersonal*

#### *Marital Satisfaction Inventory - Revised*

The Marital Satisfaction Inventory-Revised (MSI-R; Snyder, 1997) is a multi-dimensional, self-report inventory designed to assess spouses’ relationship satisfaction in 13 areas ranging from communication to time together to aggression. Individuals rated whether 150 items are true or false in regards to themselves and their relationship. In general, scores above 65-T indicate increased distress with the exception of the validity

scales. Example items are “Minor disagreements with my partner often end up in big arguments,” “I wish my partner shared a few more of my interests,” or “My partner has left bruises or welts on my body.” In addition, a global distress scale assessed spouses’ overall dissatisfaction with the relationship. An example item is “Our relationship has been disappointing in several ways.” The inventory’s scales have been found to have internal consistency ratings from .70 to .93 and test reliability ratings from .74 to .88 (Snyder & Aikman, 1999). In addition, the MSI-R has acceptable discriminant, convergent, and actuarial validity (Snyder & Aikman, 1999). The MSI-R is capable of discriminating between clinic and non-clinic couples and is a sensitive measure of change (Snyder & Aikman, 1999). Global distress ratings as well as ratings on communication scales, and scales assessing specific relationship domains targeted for improvement by SUCCESS were assessed for changes in relationship satisfaction.

#### *Partnership Questionnaire*

The Partnership Questionnaire (PQ; Hahlweg, Schindler, Revenstorf, & Brengelmann, 1984) is a 30-item questionnaire in which individuals rate the frequency of certain behaviors displayed by their partner that have either been positively or negatively related to relationship distress. Items such as, “My partner criticizes me in a sarcastic way” are rated from “very seldom” to “very often.” The scale has demonstrated adequate internal consistency and high test-retest reliability. Three scales including quarreling, tenderness, and togetherness and communication can be combined to yield a total score (Kaiser, Hahlweg, Fehm-Wolfsdorf & Groth, 1998). The three scales have been able to discriminate between distressed and non-distressed couples and

have also shown concurrent validity. Higher quarrelling scores indicate negative relationship interactions whereas higher tenderness and togetherness scores indicate positive ratings of relationship interactions. Increases in the total score indicate increases in relationship functioning overall. The total score has also been shown to be sensitive to treatment effects (Hahlweg, Revenstorf & Schindler, 1982). Both the scaled scores and total scores were used to assess change in this study.

#### *Areas of Change Questionnaire*

The Area of Change Questionnaire (ACQ; Weiss & Birchler, 1975) was also used to assess relationship distress and dissatisfaction. The 34-item measure requires respondents to indicate the degree of their own desires for change from their spouse and their perceived desire for change for themselves from their spouse. Previous studies have demonstrated the convergent and discriminant validity of the ACQ (Margolin, Talovic & Weinstein, 1983). The ACQ is sensitive to changes following behavioral interventions (Snyder, 1982). The ACQ-Requested scores were used in order to assess the total desired change each partner requested from their spouse (Snyder & Wills, 1989). In addition, the ACQ-Perceived scores were used in order to assess the amount of change the participant believed their spouse would like from them. The goal of this study was to decrease the amount of change subjects desired from their spouse or thought their spouse might desire from them.

#### *Problem List*

The Problem List (PL; Hahlweg et al., 1984) assesses the number of problem areas in the marital relationship as identified separately by both spouses. The internal

consistency of the Problem List is .84. The Problem List is sensitive to progress in therapy and has been shown to discriminate reliably between distressed and non-distressed couples (Hahlweg, 1995). Twenty-three possible areas of conflict including communication, sexual activity, and finances are rated on an intensity scale from zero (No problems in this area), to one (Problems in this area, but we can usually solve them), to two (Problems in this area that we cannot find solutions for, and that we often quarrel about), to three (Problems in this area that we can not find solutions for, and don't discuss anymore). The Problem List Total score was calculated by summing the total of all problem area ratings. Higher ratings and increased numbers of problem areas indicate increased risk of relationship distress; therefore, this study sought to decrease the Problem List Total score.

#### *Commitment Scale-Abridged*

The Commitment Scale-Abridged (CSA) is an 18-item measure of individual commitment to the marital relationship compiled from a 42-item measure of commitment (The Commitment Scale, CS; Stanley & Markman, 1992). In the non-abridged version, two sub-scales, including personal dedication and total constraint, have correlated well with other established measures of commitment. Spouses rate their agreement from “strongly disagree” to “strongly agree” on items such as “I want this marriage to stay strong no matter what rough times we may encounter”; “It would be difficult to find a new partner”; and “My friends would not mind it if my spouse and I divorced.” Changes in total raw scores were used to assess changes in commitment level.

*Consumer Satisfaction*

At the end of each SUCCES module, participants indicated their satisfaction with the previous week's homework assignment, the presentation of the present module's materials, the in-session exercises, and the module's overall importance to them as a couple and to the entire group. They also rated the module's overall usefulness to the individual and the frequency with which they would likely use the skills or ideas taught in the session. Most ratings ranged from one to ten with one being the least helpful and ten being the most helpful. Ratings on overall usefulness to the individual were from one to three with one indicating not all useful and three indicating extremely useful. These ratings were gathered from each spouse during all sessions with the exception of the last session. Because couples sometimes left the group early or forgot to fill out a rating form, there are variations in the total number of postsession forms collected.

At the termination of the entire SUCCES program and again six months later, participants indicated their satisfaction with the intervention, using a rating scale ranging from one (very dissatisfied) to three (very satisfied). As in the postsession evaluation, participants rated both the intervention techniques (homework, presentation of materials, and in-session exercise) and the helpfulness of each individual module from not at all helpful (one) to very helpful (five). In addition, participants rated the helpfulness of the program in enhancing relationship skills the couples already had and in addressing each couple's individual relationship difficulties on the same rating scale. Lastly, participants rated how often they had already applied the skills they learned to their relationship and how often they anticipated using them in the future from not at all (one) to always (five).

## Procedure

### *Step-by-Step Description of the Main Format of the Program*

Although there are many ways of carrying out the tasks necessary to start a group, this study used the following guidelines based on techniques in the prevention literature and experience gained in a pilot study with eight couples. Strategies for intervention, recruitment of group members, prescreening interviews, and exclusionary criteria are discussed.

### *Specific Methods and Strategies for Intervention*

Couples met during the evenings for two hours once a week for nine consecutive weeks. The groups were held at Scott & White Clinic for convenience to couples. If a couple missed a meeting, the module was made up during the following week. Couples paid \$50 in order to participate in the group. Refunds of \$25 were given if a couple attended or made-up eight out of nine of the sessions.

Each session began with a group discussion of the last module's weekly take-home exercises. Then, new ideas and skills were introduced in a didactic format followed by between-couple discussion of the topic. Couples then worked through within-session exercises while the facilitators gave the participants feedback and coaching on their progress. Some exercises were conducted as a group while others required the couples to work privately on an issue. Take-home exercises were assigned each week to help couples put into practice the skills they learned within the program. Couples were repeatedly told that participating two hours each week would likely be helpful, but that practicing at home would make the "real difference in their marriage."

*Subject Recruitment*

Subject recruitment was conducted with the theory that ideally, no group should have been smaller than three couples or larger than eight couples because both sizes would be too difficult to manage. Small groups often have decreased interaction and bonding whereas groups that are too large often produce interactions that are more like a class than a psycho-educational group. Because the literature indicated that up to 50% of the couples may drop out of any given group as it progressed, the facilitators tried to start each group with at least six couples. Of the ten groups that were run from 1999 to 2001, only one group failed to meet this guideline. In this case, several couples scheduled to start the group never arrived the first night so the group proceeded with four initial couples. However, the group was conducted primarily with two couples due to attrition within the first few weeks.

Recruitment efforts typically began at least two months before each group was scheduled to start. Two months was necessary in order to have enough time to advertise, receive interest, screen potential members by phone, and lastly, have a prescreening interview. Publicity for the program was conducted through a TV interview by Douglas K. Snyder, Ph.D., radio announcements, newspaper ads, and Internet list-serves. Program graduates were also used to distribute flyers, as well as spread word-of-mouth advertisement. Letters and flyers introducing the group to religious leaders, day care facilities, and primary care physicians in our community were also distributed.

### *Group Facilitators*

Decisions related to who ran the group were based on interest, expertise, and practicality. All facilitators were masters-level therapists or beyond and had at least some experience treating couples. Each group was co-facilitated by a male and female co-therapist. The benefits of this arrangement were that both husbands and wives had someone with whom they could identify. Other benefits of having a male and female co-therapist included having checks on any therapist gender biases and having multiple perspectives. Role-plays and modeling of different skills also ran more smoothly and were more realistic due to the co-therapists being opposite sex.

### *Assessment Procedure*

Couples were given pretreatment assessment packets during the pregroup screening. Participants were instructed to fill out the packets separately without collaboration and return the completed packets during the first group meeting. After completion of the eighth module, couples were again administered the same measures and asked to return the completed packets during the final meeting. Six months posttreatment, couples were contacted by phone and asked to complete the same measures. Packets were either hand-delivered or sent through the mail to couples depending on their preferences. Couples were given reminder phone calls and letters if they did not complete their packets within two weeks. Most packets were picked up in person and the couple's status and well being were personally assessed by the program facilitator.



## RESULTS

### Analyses

Initial multivariate analyses were conducted in order to examine differences between couples who completed the program and couples who dropped out or did not complete the follow-up questionnaires. These analyses were used to determine if there were differences in these samples that could be helpful to determine whom the group may or may not be helpful to in the future. Then, in order to evaluate the effects of the program, several repeated-measures multivariate analyses of variance (MANOVAs) were conducted to assess treatment effects at termination and follow-up using subgroupings of the eight measures previously identified (BFI, CES-D, QOL, MSI-R, PQ, ACQ, PL, CS-A). Subsequently, univariate repeated-measures analyses of variance (ANOVAs) were conducted separately for each criterion across time, with comparisons of correlated  $t$  tests. Lastly, effect sizes were calculated for the criterion measures that were significant for time by dividing the absolute value of the difference between pretreatment and posttreatment means and pretreatment and follow-up means by the pretreatment standard deviation on the identified criterion measure.

The groupings of variables in the repeated-measures MANOVAs were created by combining conceptually related criterion measures while balancing the need for each MANOVA to contain a limited number of variables given the small sample size. For this reason, there were times in which a few variables of interest were not included in a MANOVA due to being conceptually distinct from others or due to not having enough degrees of freedom within the analysis to produce viable results given the sample size.

In these cases, separate repeated-measures ANOVAs were reported for these independent variables. The MANOVAs are considered doubly multivariate due to controlling for the correlation across time and gender and the correlation of the multiple measures of similar constructs. I.e., the analyses simultaneously examined the effects of multiple related dependent variables as well as simultaneously examined the effects of the repeated factors of time and gender within each couple.

Because of concern about the possible failure to detect differences across time given the small number of subjects in this study, follow-up univariate repeated-measures ANOVAs were conducted to clarify the results of the repeated-measure MANOVAs in all cases. The meaning of these univariate analyses should be interpreted within the context of multiple comparisons. From a perspective of reducing Type II error (guarding against not detecting actual differences across time), we elected not to adjust the results of the ANOVAs by adjusting alpha levels by the number of comparisons.

The series of repeated-measures 2x3 analyses of variance (ANOVAs) treated gender and time factors as repeated-measures. Time was the first factor as couples were assessed on the differences in scores on the above measures from Time 1 (pretreatment) to Time 2 (posttreatment) to Time 3 (six-month postgroup follow-up assessment) while taking into account the correlation of each couple's scores across time. This method was chosen because control groups were not feasible for this preliminary outcome trial study. The second repeated factor was gender. Differences in gender were assessed by examining whether husbands and wives vary across measures. Gender was treated as a repeated-measure to take into account the dependencies between male and female scores

from the same couple, as recommended by Kashy and Snyder (1995). Lastly, time versus gender interactions were examined in order to determine if husbands and wives change differentially from Time 1, to Time 2, to Time 3.

For most analyses, the results were generally reported with their respective 95% confidence intervals (CI). Given the small sample size however, trends were also reported as they might have reached significance with more power. Group means and standard deviations on the criterion measures at Time 1 for the entire sample as well as attriters and completers are reported in Tables 1 through 7. Group means and standard deviations on all outcome criteria across time and gender are shown in Tables 8, 10, 12, and 15. These tables and all analyses regarding the effects of the intervention pertain to the 32 completer couples. The number of subjects used in the following analyses varied slightly due to missing information on some variables (i.e., a husband or wife left an item blank on the questionnaire) and due to directions to skip an item if it did not pertain to the couple (e.g., “Skip items relating to children if you do not have children”). Tables 9, 11, 13, 14, and 16 include the results of the repeated-measures ANOVAs and pairwise comparisons of time exploring the results of the repeated-measures MANOVAs.

#### Attrition of the Sample

The total sample was divided into those who completed the entire program as well as all termination and 6-month follow-up data collection ( $\underline{n} = 32$ ) and the attriters who either failed to complete the program or failed to complete at least one time period of data collection ( $\underline{n} = 23$ ). Tables 1 through 7 report the means and standard deviations

for these two groups as well for the entire sample on the sociodemographic and criterion measures. These tables also report the results of comparisons assessing the significance of differences between the completers and the attriters on these items.

### *Demographic Characteristics*

Despite careful efforts to retain all couples regardless of their background, multivariate analysis of variance indicated the completers and attriters differed on several demographic criteria,  $F(8, 45) = 2.23, p < .05$ . Subsequent comparisons as can be seen in Table 1 revealed that the husbands in the completer sample tended to be significantly younger and have significantly more years of education than husbands in the attrition sample. Wives in the completer sample also tended to have more years of education than wives in the attrition sample. There were no significant differences between the groups in wives' age, husbands' or wives' reported level of marital satisfaction, number of years married, or number of children.

Table 2 includes means and standard deviations regarding additional sociodemographic measures for the entire sample, as well as for the completers and attriters. In addition, Table 2 also shows the  $\chi^2$  comparisons between the completers and attriters on these criteria. There were no significant ethnic differences in the makeup of the completer and attriter men. However, among women there was significantly more diversity in the attriter group as the completer group was composed of all Caucasians. Among both men and women, there was a trend for completers to report a higher rate of professional occupations relative to attriters. However this difference in professional occupation rates was not significant for women.

The differences between the completer and attriter group became most apparent when examining differences in rates of endorsement of certain risk factors for negative group outcome assessed during the pregroup screening (see Table 3 for means, standard deviations, and  $\chi^2$  results). Both husbands and wives in the attriter group had significantly higher rates of a divorce in their past compared to husbands and wives in the completer group. The attriter couples also reported higher rates of relationship aggression and marital separation in the past compared to completers. By gender, the husbands in the attriter group were more likely than the husbands in the completer group to have attended any type of therapy in the past. However, there were no significant differences between the attriter and completer couples in endorsement of wives' past therapy experience, either spouse having had a history of alcohol or drug abuse, or either spouse having participated in an extramarital affair.

#### *Intrapersonal Characteristics*

Group means and standard deviations on personality criteria at Time 1 across completion status are shown in Table 4. Similarly, group means and standard deviations on additional intrapersonal criteria at Time 1 across completion status are shown in Table 5. A MANOVA comparing the personality characteristics of the completers on the BFI with those of the attriters did not show any significant differences between these two groups,  $F(20, 34) = 1.16, p = \text{n.s.}$  A second MANOVA comparing additional intrapersonal characteristics of the samples including their scores on the CES-D scales and the Quality of Life scale also revealed no significant differences between these two groups,  $F(14, 40) = 1.17, p = \text{n.s.}$

### *Relational Characteristics*

Several significant differences between the attriters and completers were evident among relational criteria when examining the group means and standard deviations on the MSI-R at Time 1 across completion status as shown in Table 6. A MANOVA comparing these two groups on the MSI-R confirmed these differences,  $F(22, 32) = 1.87, p < .05$ .

Subsequent comparisons revealed that husbands who dropped out of the group intervention differed in several ways from completers particularly in terms of overall relational distress, satisfaction with communication, and distress about relational aggression. Attriter husbands were significantly more inconsistent and less conventional in their response style on the MSI-R than their completer counterparts. In addition, the attriter husbands endorsed higher overall ratings of global distress, dissatisfaction with affective communication, and dissatisfaction with problem solving communication than the completer husbands. The attriter males also reported more dissatisfaction with relational aggression and intimidation directed at them than the completer males. Lastly, there was a trend for attriter males to report more relationship discord regarding the management of family finances than the completer males.

Compared to husbands, there were fewer differences on the MSI-R between wives who completed the group and wives who dropped out. Attriter wives were more inconsistent than completer wives in their endorsement of MSI-R items. Attriter wives tended to be more dissatisfied with problem solving communication than completer wives and were significantly more dissatisfied with received relational intimidation or

aggression than the completer wives. Lastly, attriter wives endorsed items advocating for a more traditional orientation toward gender roles than the completer wives.

Group means and standard deviations on additional interpersonal variables at Time 1 across completion status are shown in Table 7. A MANOVA comparing the attriters' responses to items on the Partnership Questionnaire, the Areas of Change Questionnaire, the Problem List, and the Commitment Scale-Abridged with those of the completers did not show any significant differences between these two groups,  $F(14,40) = 1.26, p = n.s.$

In sum, the attriter group and the completer group differed on several demographic, intrapersonal, and interpersonal criteria. The completer couples tended to exhibit many of the characteristics listed in the couples literature as helpful to group success including younger age and higher rates of professional occupations (Giblin et al., 1985). On the other hand, the completers also had more years of education which has typically not been associated with group success. Attriters, however, tended to exhibit more risk criteria including a history of divorce, aggression, and marital separation in the past. Across the board, attriter males reported more distress than completer males in several relationship domains (overall distress, communication, aggression, and specific relationship domains) of the MSI-R. Wives reported fewer differences but were still significantly more distressed in two key areas of relationship distress as measured by the MSI-R including communication and aggression. In sum, attriters tended to be more distressed and have more risk factors for an unsuccessful group experience while completers tended to have more strengths and less distress.

### Effects of the Completer Sample

Both effects of gender and effects of time were examined in several multivariate repeated-measures analyses of variance where differences between husbands' and wives' scores, differences from Time 1, to Time 2, to Time 3, as well as the interaction of gender and time were all within subject factors. Although effects of gender and time were examined simultaneously so the effect for either one of these factors took into the account the effect of the other, for the purposes of organization, they are going to be presented separately here. Across all analyses, there were no significant gender by time interactions at the multivariate level. The sole trend for an interaction that occurred at the univariate level will be noted in the discussion of the effects of time since this related to the differential impact of the intervention across gender. Following is a comprehensive account of the specific differences across gender and time.

### *Gender Differences*

#### *Intrapersonal Measures*

A repeated-measures MANOVA comparing husbands' and wives' ratings of self on the Big Five Inventory showed significant overall effects for gender indicating differences between husbands' and wives' self-ratings of personality characteristics,  $F(5, 27) = 4.17, p < .01$ . Subsequent univariate comparisons of these scales showed that husbands and wives differed on a measure of emotional stability, with husbands rating themselves as more emotionally stable than wives rated themselves.

Similarly, a repeated-measures MANOVA comparing partners' ratings of their spouses' personality characteristics indicated significant differences between men and



women,  $F(5, 27) = 3.23, p < .05$ , on the partner-rated BFI scales. Couples reported significant differences on the Emotional Stability scale, with wives rating their husbands as more emotionally stable than husbands rated their wives.

A third repeated-measures MANOVA examining additional intrapersonal variables included the CES-D Total score, as well as its subscales, and the Quality of Life Total score. This analysis yielded a trend toward significant differences on gender,  $F(7, 24) = 2.01, p < .10$ . Follow-up comparisons including examination of the repeated-measures ANOVAs indicated no significant differences between husbands and wives on any of the additional intrapersonal scales with the exception of the CES-D Depressed Affect scale. On this scale, men reported lower levels of depressed affect than women.

#### *Relational Measures*

A repeated-measure MANOVA that included seven of the main MSI-R subscales most relevant to this study (Global Distress, Affective Communication, Problem Solving Communication, Aggression, Time Together, Finances, and Sex) was not significant for gender,  $F(7, 23) = .84, p = \text{n.s.}$  No comparisons of these scales at the repeated-measures ANOVA level were significant for gender either.

Supplementary scales of the MSI-R included the Inconsistency scale, the Conventionalization scale, the Family History of Distress scale, the Dissatisfaction with Children scale, and the Conflict over Child Rearing scale. These scales were not included within the MANOVA due to restraints on the limited number of possible degrees of freedom within the MANOVA. Of all of the supplementary scales examined at the repeated-measures ANOVA level, only one yielded significant effects as a result

of gender. The Family of Origin scale showed significant differences between husbands and wives, indicating that husbands had experienced fewer disruptions in relationships within their family of origin than their wives had within theirs.

Gender main effects were most apparent on the MANOVA that included the additional interpersonal measures of the relationship,  $F(8, 24) = 4.07, p < .01$ . (Partnership Questionnaire Total score, Partnership Questionnaire Quarrelling score, Partnership Questionnaire Tenderness score, Partnership Questionnaire Togetherness score, Areas of Change Requested, Areas of Change Perceived, Problem List Total score, and Commitment Scale-Abridged Total score). Repeated-measures ANOVAs examining the individual scales yielded significant gender effects for the Partnership Questionnaire Total score, the Partnership Questionnaire Tenderness score, the Total Change Requested score, and the Problem List Total score. Comparisons indicated that wives tended to report higher Partnership Questionnaire Total scores and higher Partnership Tenderness scores than their husbands, meaning they were more satisfied in these areas. On the other hand, wives also requested more change on the Total Change Requested score and reported more problems on the Problem List than their husbands.

In sum, the results of the MANOVAs and the follow-up repeated-measures ANOVAs indicated that differences between men and women were most apparent and consistent on the personality measures and additional measures of intrapersonal functioning. Interpersonal measures however, showed mixed results when assessing differences across gender. The MSI-R scales yielded few gender differences whereas additional interpersonal measures showed several significant gender effects. Wives

reported higher levels of satisfaction than their husbands in some areas. At the same time, wives also reported higher levels of desires for change and endorsement of problems in other areas. Taken together, these results seem to indicate that overall, wives felt more strongly in the positive and negative direction than their husbands.

### *Effects of the Intervention*

#### *Intrapersonal Measures*

Multivariate analyses for the effects of the intervention across time on participants' ratings of self on the five scales comprising the BFI showed no significant overall effect for time,  $F(10, 116) = .97, p = \text{n.s.}$  The multivariate analysis for the time verses gender interaction was also non-significant,  $F(10, 116) = 1.51, p = \text{n.s.}$ , indicating no differential impact of the intervention across gender. Subsequent univariate comparisons did not show any significant differences for participants on any of the subscales of the BFI across time (see Table 9). Figures 4 through 8 show the comparisons for time and gender for subjects' self-ratings on the BFI.

Similarly, multivariate analyses for effects of the intervention across time on participants' ratings of their partner on the BFI showed no significant overall effect for time,  $F(10, 116) = 1.07, p = \text{n.s.}$  Again, the multivariate analysis for the time verses gender interaction was not significant,  $F(10, 116) = .53, p = \text{n.s.}$ , indicating no differential impact of the intervention across gender. The follow-up univariate comparisons for time showed no significant changes for husbands and wives across time on any of the BFI partner-rated scales (see Table 9). Figures 9 through 13 show the comparisons for time and gender for partners' ratings of their spouses' BFI scores.

A multivariate analysis including the CES-D total score, the CES-D subscales including Depressed Affect, Interpersonal Concerns, Positive Affect, and Somatic Complaints, and the Quality of Life Total score was not significant for time,  $F(12, 110) = 1.16, p = \text{n.s.}$  Nor was the interaction of time and gender  $F(12, 110) = 1.12, p = \text{n.s.}$  However, a univariate repeated-measures ANOVA as shown in Table 11 indicated that the Quality of Life Total score yielded significant results as an effect of time,  $F(2, 60) = 4.51, p < .05$ . Follow-up comparisons showed that ratings of Quality of Life significantly increased from Time 1 to Time 2, and remained significantly increased from Time 1 to Time 3. However, the increase in the Quality of Life Total score from Time 2 to Time 3 was not significant. Table 17 shows that the Quality of Life gains from pre- to posttreatment were equivalent to an effect size of .21 while the gains from pretreatment to follow-up equaled an effect size of .22. There were no other scales included in the MANOVA for additional intrapersonal variables that were significant for time at the univariate level (see Table 11). Figures 14 through 19 show the comparisons of time and gender on these additional intrapersonal measures.

In sum, with regard to intrapersonal variables, the effect of intervention was not to change people's personality structure or decrease their ratings of depressive symptomatology. However, the intervention appeared to improve their overall sense of well-being. This may be due to their marital relationship improving or the application of the skills learned in the group being applied outside of the family situation yielding better overall interpersonal interactions.

### *Relational Measures*

Multivariate analyses for effects of the intervention across time for participants' ratings on seven of the main MSI-R subscales most relevant to this study (Global Distress, Affective Communication, Problem Solving Communication, Aggression, Time Together, Finances, and Sex) yielded significant effects for time,  $F(14, 104) = 2.76, p < .01$ . The multivariate analysis for time verses gender interactions was nonsignificant,  $F(14, 104) = .87, p = \text{n.s.}$  indicating no differential impact of the intervention across gender for the MSI-R scales at the MANOVA level.

Subsequent univariate comparisons examining the effects of time on the MSI-R interpersonal measures of change indicated that many of the individual scales of the MSI-R yielded significant time main effects. The Global Distress scale,  $F(2, 58) = 5.14, p < .01$ ; the Affective Communication scale  $F(2, 58) = 4.67, p < .01$ ; the Problem Solving Communication scale,  $F(2, 58) = 7.31, p < .05$ ; the Time Together scale,  $F(2, 58) = 15.39, p < .01$ ; and the Finances scale,  $F(2, 58) = 3.92, p < .05$ , were all significant for time (see Table 13). Main effects for time were also found on the validity scales including the Inconsistency scale,  $F(2, 28) = 2.50, p < .10$ , and the Conventionalization scale,  $F(2, 30) = 5.36, p < .01$ . Lastly, the Conflict over Child Rearing scale was significantly different across time,  $F(2, 16) = 2.76, p < .10$  (see Table 14). Given the low number of couples in our completer sample who had children ( $n = 18$ ), the power of this last analysis was likely low.

Follow-up comparisons of the MSI-R repeated-measures ANOVAs indicated that global distress, dissatisfaction with affective communication, dissatisfaction with

problem solving communication, and dissatisfaction with companionship as expressed in the Time Together scale all decreased significantly from Time 1 to Time 2. There was also a trend for T-scores on the family finances scale to decrease from Time 1 to Time 2. Couples' scores on the conventionalization scale significantly increased from Time 1 to Time 2 indicating more conventional responses to the MSI-R across time.

MSI-R Problem Solving Communication scores showed a trend in continuing to decrease from Time 2 to Time 3. The MSI-R Conflict over Child Rearing T-score significantly decreased from Time 2 to Time 3 although no changes had been present from Time 1 to Time 2. This may indicate delayed effects of the intervention in this domain. The validity scale, Inconsistency, decreased significantly from Time 2 to Time 3 indicating couples became more consistent within the MSI-R measure across time.

From Time 1 to Time 3, decreases in the T-scores of the Global Distress scale, the Affective Communication scale, the Problem Solving Communication scale, and the Time Together scale remained significant. Decreases in the Finances scale which were only trends from Time 1 to Time 2 became significant from Time 1 to Time 3. Similarly, decreases in Conflict over Child Rearing T-scores were significant from Time 1 to Time 3 even though Time 1 to Time 2 changes were not significant. Changes in scores on the validity scales remained significant from Time 1 to Time 3 with couples becoming more conventional and more consistent in their responses to across time.

Effect sizes for the significant time MSI-R criterion measures are reported in Table 17. Posttreatment effect sizes for those variables that were significantly different from Time 1 to Time 2 ranged from 0.22 to 0.63. Follow-up effect sizes for those

variables that were significantly different from Time 1 to Time 3 ranged from 0.16 to 0.57. Table 17 also includes the pooled scores for couples at Time 1, 2, and 3. Figures 20 through 32 show the means and standard deviations for all MSI-R scales across time and gender.

The fourth repeated-measures MANOVA which compared intake scores with termination and follow-up scores on additional interpersonal measures of relationship change including the Partnership Total score, the Partnership Quarrelling score, the Partnership Tenderness score, the Partnership Togetherness and Communication score, the Areas of Change Requested, the Areas of Change Perceived, the Problem List Total score, and the Commitment Scale-Abridged Total score also confirmed significant effects for time,  $F(16, 110) = 2.91, p < .01$ . However, the interaction between time and gender was not significant,  $F(16, 110) = .84, p = \text{n.s.}$  indicating no differential effect of the program across gender at the MANOVA level.

Follow-up univariate comparisons examining additional interpersonal measures of change produced significant main effects for time on the Partnership Questionnaire Total score,  $F(2, 62) = 7.93, p < .01$ , the Partnership Quarrelling score,  $F(2, 62) = 11.23, p < .01$ , the Partnership Tenderness score,  $F(2, 62) = 3.62, p < .05$ , the Areas of Change Requested score,  $F(2, 62) = 4.24, p < .05$ , and the Problem List Total score,  $F(2, 62) = 8.28, p < .01$ .

In addition, there was a trend toward significance for the interaction between time and gender on the Areas of Change Requested score,  $F(2, 62) = 2.85, p < .10$  (see Table 16). As can be seen in Figure 37, wives' number of changes requested decreased

from Time 1 to Time 2 but then increased from Time 2 to Time 3. However, husbands' number of changes requested continued to decrease across all time periods.

Follow-up comparisons of the repeated-measures ANOVAs indicated that increased ratings on the Partnership Total score and the Partnership Tenderness score were significant from Time 1 to Time 2. The Partnership Questionnaire Quarrelling score decreased significantly from Time 1 to Time 2 as did the overall number of changes spouses requested of each other and the total number of problems spouses endorsed in their marriage as indicated by the Total Change Requested score and the Problem List Total score respectively.

Most of these changes remained significant from Time 1 to Time 3. For example, the Partnership Total score and the Partnership Tenderness score remained significantly increased from Time 1 to Time 3 while the Partnership Quarrelling score and the Problem List Total score remained significantly decreased from Time 1 to Time 3. The decrease in the total number of areas of change spouses requested of each other remained significant from Time 1 to Time 3 even though wives' ratings increased somewhat from Time 2 to Time 3.

As can be seen in Table 15, ratings on the Togetherness and Communication scale of the Partnership Questionnaire increased at all three time periods; however, these ratings only approached significance from Time 1 to Time 3. Similarly, ratings on the Total Areas of Change Perceived scale decreased at all three time periods but again, these changes were only significant from Time 1 to Time 3.



Effect sizes for the significant time additional interpersonal criterion measures are reported in Table 17. Posttreatment effect sizes for those variables that were significantly different from Time 1 to Time 2 ranged from 0.22 to 0.63. Follow-up effect sizes for those variables that were significantly different from Time 1 to Time 3 ranged from 0.16 to 0.57. Table 17 also shows the pooled scores for husbands and wives at Time 1, Time 2, and Time 3. Figures 33 through 40 show the means and standard deviations on these criterion measures across time and gender.

In summary, the results of the interpersonal MANOVAs and the follow-up repeated-measures ANOVAs indicated that in contrast to the intrapersonal measures which revealed very few significant differences as a function of time; interpersonal measures, including the MSI-R's Global Distress scale, communication scales, and specific relational measurement scales; the Partnership Questionnaire scales; the Areas of Change Questionnaire scales; and the Problem List all produced significant differences as a result of time. Many of these changes occurred during the course of the group (i.e. from Time 1 to Time 2) while a few others occurred post group (i.e. from Time 2 to Time 3). Because the goal of the group was not only to increase immediate satisfaction with the marriage but also to improve long-term functioning, it is an important indicator of the group's efficacy that almost all changes in relationship functioning that were significant from Time 1 to Time 2 remained significant six months after the group was completed as indicated by Time 1 to Time 3 results. In addition, some changes that had occurred across time that had not reached significance at previous assessment intervals reached significance at Time 3 when additional gains that were

made from the time the group ended to the six-month follow-up assessment time period were assessed. These “sleeper effects” also speak to the group’s efficacy in increasing long term relationship change.

### Consumer Satisfaction

Couples completed a program evaluation questionnaire at the completion of the group and again six months later. This questionnaire assessed both the individual modules that participants found helpful as well as the group methods (i.e. homework, presentation of lessons, and in-session exercises) that participants found helpful. Information regarding the modules and their specific rankings in relationship to each other can be found in Table 18 for postgroup evaluations and in Table 19 for follow-up group evaluations. Figures 41 and 42 graphically represent these rating data.

Couples were asked to rate the helpfulness of the program in several domains from one (not all helpful) to five (very helpful). The following are the results of the husbands’ and wives’ scores immediately post group. Couples rated the overall helpfulness of the presentation of the materials to be between “pretty helpful” and “very helpful.” They rated the helpfulness of the within-session exercises to be “pretty helpful.” Couples rated the take-home exercises to be the least helpful aspect of the program experience. Couples reported that the group was “pretty helpful” in enhancing the relationship skills they already had. Similarly, they reported that the group was “pretty helpful” in addressing their ongoing relationship difficulties.

When asked how often the participants currently apply the skills they had learned in the group to their relationship, both husbands and wives ranked between “occasionally” and “often.” However, when asked how often they anticipated using them in the future, couples reported they intended to use them “often.”

Couples’ rankings of the individual program modules immediately after the entire group ended ranged from “somewhat helpful” to “very helpful.” Figure 41 shows that skill based modules were most preferred as the top three rated modules were “Speaking to be Heard”, “Listening Skills and Empathy”, and “Conflict-Resolution Skills”. On the other hand, concept driven or information heavy modules may have been less helpful to couples as “Increasing Intimacy” and “Changing Thinking Errors” were the two least-liked modules. These results held across time as the top three rated modules were consistent at follow-up six months later (see Figure 42). Similarly, the least preferred modules at postgroup remained the lowest rated at follow-up. Timing of the module within the program appeared to have little to do with ratings at either assessment period.

Immediately after each session was completed, couples also filled out a session evaluation form. In it, they were asked to evaluate the helpfulness of the materials and exercises, the importance of the session to their own relationship and to the group, the frequency with which they would use the session’s lessons, and the session’s overall usefulness to the individual. Table 20 includes the average ratings on these criterion variables and Figure 43 graphically shows the ratings consumers reported for the different modules. On average, couples continued to rank the skill-based lessons

including “Listening Skills” and “Conflict Resolution Skills” as the most overall useful to them. However, Figure 43 shows that process focused sessions including “Family of Origin and Contracts” and “Moving Past Relationship Hurts” emerged as leaders in “importance to the participant’s own relationship” and “importance to the group.” Sessions pertaining to thinking errors and relationship intimacy continued to be the lowest rated.

Within all of the measures of the individual modules (postsession, postgroup, and follow-up), the first session, “Behavior Exchange and Bonding”, was among the lowest rated sessions. However, it is difficult to draw conclusions regarding this session because it largely focused on introductions and covering the group’s ground rules rather than solely on reviving relationship dating skills and increasing fun time together. Similarly, when the last session, “Creating an Intentional Marriage and Looking Ahead” was ranked, it generally fared poorly (seventh out of the nine sessions). However, this session often focused on reviewing old material, saying goodbye, and “housekeeping details” such as collecting packets. Therefore, it is difficult to assess how couples actually felt about the concept of “planning for the future.”

In sum, couples appeared to appreciate the program and rated its overall usefulness and helpfulness highly. Immediately postsession, modules focused on skill based lessons and developmental issues were rated as very important. However, sessions focused on concept driven work such as thinking errors or relationship intimacy fared less well. Similarly, postgroup and six months postgroup, skill based modules focused on communication and problem solving were ranked highest whereas concept

driven sessions were ranked lowest. Couples tended to prefer experiential learning with coaching from the facilitators in-session rather than independent exercises at home. Lastly, couples reported that although they were only using the skills they learned in group occasionally at termination, they were planning to use them more often in the future.

### Qualitative Reports

During the last session of each group and during the collection of the six-month follow-up data, informal interviews were conducted with the completer couples to identify aspects of the group that were more and less helpful as well as determine qualitative aspects of subjects' experiences in the group. Although many interesting and often enlightening recommendations and comments were made regarding everything from advertising to generalizability of the groups' skills to outside of the group, there were five themes that were frequently repeated and bear mentioning here.

In response to questions regarding what aspect of the group was the most helpful, many couples reported that although the skills taught in the group sessions were helpful to their marriage; the knowledge that their spouse was willing to dedicate so much time and energy to the improvement and maintenance of the marriage was the most beneficial and positive aspect of group participation. Similarly, many couples reported that although they enjoyed learning new skills, the act of setting aside and actually spending at least two hours of the week with each other was extremely valuable to the relationship and made large improvements in their sense of closeness, caring, and intimacy.

Many couples also reported that the group aspect of the program was extremely valuable to their own personal well being as well as that of the relationship. Group facilitators were frequently reminded by participants of how isolated many couples are. This isolation frequently led to feelings of inadequacy when the couples ran into problems in their relationship and assumed other couples were not struggling nearly as much as they were. Similarly, the couples often reported that just hearing about another couple's struggles or the way they have worked on a certain issue, either put their own problems into perspective or gave them ideas that they could use for their own marriage. In addition, both spouses, but especially husbands, reported that it was extremely reassuring to talk to other same-gender participants and have their wives hear from other wives so as to increase knowledge and possible acceptance of some gender differences in common areas of marital tension. It became clear that the wives in our group had, on average, experienced many more of these types of conversations around relationship dynamics in the past compared to their husbands. Both husbands and wives agreed that sharing with other couples could be a large support and moderator of relationship stress.

Couples reported that they were extremely pleased with being able to have a "hands on" relationship coach to teach or review the basics of "playing fair in their marriage" without having to face the many barriers they associated with marital therapy or counseling through their church. Many couples reported that their relationship was going well enough that they would likely not have sought marital therapy any time soon or possibly ever, but after completion of the within-session exercises with feedback from the facilitators, felt that their relationship likely benefited as much from these sessions as

it would have from a marital therapist. In addition, couples reported that the modeling they witnessed from opposite gender co-facilitators of the relationship skills they were supposed to be applying was not only technically crucial but also very helpful in picking up on small nuances that were harder to put into words. Examples that were mentioned included seeing the facilitators show basic respect for each other in their actions and body language or watching how the facilitators negotiated their different personality styles to complement rather than conflict with each other.

Lastly, couples reported that the experience of having a neutral party during the in-session exercises made them recognize the value of marital therapy and many couples reported that they might seek therapy in the future to continue the developmental and long-term relationship work that they had started in group. For some couples there was a large interest in therapy for the sole purpose of continuing to improve their relationship, while other couples wanted to continue to work to “head off” some of the issues that they discovered in group that could cause marital decline further down the road. Lastly, there was a small subset of couples who reported that the experience of working within the group made them realize that they had many more issues than they were aware of at the start of group and did not feel that their relationship would be viable if these issues were not resolved. In these instances, the accomplishment of offering a good referral for couples therapy made the group facilitators feel as satisfied as if the couple had reported increased relationship satisfaction; that is, catching resolvable issues before they became terminal was viewed as just as important as improving immediate relationship functioning.

## DISCUSSION

This study was the first empirical evaluation of the effectiveness of the SUCCES program. This 9-week relationship enhancement program was designed as a secondary intervention for married couples guided by a theoretically pluralistic model targeting multiple domains of relationship functioning (Snyder, 1999b). Significant changes in couples' functioning occurred across multiple domains after the couples completed the intervention. These findings indicate the usefulness of the SUCCES intervention and warrant the dedication of further resources to continue to evaluate the efficacy of this intervention in more rigorously designed outcome studies with different samples.

In the discussion that follows, the efficacy of the group intervention in contributing to increases in couples' relationship functioning and the relative lack of efficacy in contributing to changes in couples' intrapersonal functioning will be addressed. The treatment model and its relation to other current relationship enhancement programs will then be discussed as well how the differences between our group and other intervention may relate to effect sizes. Conclusions regarding who the group may work less well for and how participants perceived the groups' overall effectiveness will also be noted. In addition, the limitations of the current study will be addressed as well as how results may change if some of the limitations are able to be resolved in future studies. Implications for future research studies with this model will be discussed including how the research design may be improved. The discussion will then turn to clinical issues such as how the program was implemented and how it can possibly be put into practice and distributed more effectively in the future.



## Summary of the SUCCES Program

### *Effects of the Intervention*

Interpersonal measures of relationship functioning provided the strongest evidence of the group's efficacy in contributing to increases in couples' functioning. Both omnibus measures of relationship functioning from the MSI-R and the Partnership Questionnaire and more specific measures of targeted domains such as communication scales showed significant changes from pre- to posttreatment that were maintained at 6-month follow-up. Figures 44 through 47 summarize significant effects indicating the positive changes couples made in relationship functioning while participating in SUCCES.

Couples who graduated from the SUCCESS program reported significant increases in their satisfaction with their overall relationship functioning, communication, problem-solving, tenderness, and positive time together. They also reported significant decreases in relationship distress, quarrelling, number of reported relationship problems, and number of areas in which they wanted their spouse to change or believed their spouse wanted them to change. Most of these gains were made by the end of the group intervention although some did not change significantly until six months later. However, all changes made by the end of the group remained significant six months later which speaks to the durability of the changes made.

Additional results from the initial outcome study of the SUCCES group can be categorized into two domains including significant and nonsignificant findings that were expected, and significant and nonsignificant findings that were unexpected. The first

category will be discussed in terms of results that correspond to findings from previous relationship enhancement groups and therefore were predicted.

Examination of Table 17 indicates that larger effect sizes were associated with more specific measures of ongoing relationship functioning as compared to broader measures of relationship satisfaction or future desires for the relationship. For example, the Affective Communication, Problem Solving Communication, and Time Together scales of the MSI-R had effect sizes that averaged 0.44 at posttreatment and 0.48 at 6-month follow-up, whereas the GDS scale of the MSI-R showed effect sizes of 0.28 and 0.32 at termination and follow-up respectively. Similarly, the Problem List that assessed participants' active conflict areas showed larger effects (0.39 and 0.35 for posttreatment and follow-up respectively) than the Areas of Change Questionnaire that asked about areas the participant would like their partner to change in the future (0.24 and 0.17 for posttreatment and follow-up respectively). This is consistent with findings from two previous meta-analyses of relationship enhancement and prevention programs (Giblin et al., 1985; Markman & Hahlweg, 1988).

In addition, the SUCCES results parallel previous findings showing larger effects for specific measures of relationship skills that were targeted in this intervention than for relationship domains that were not a focus. For example, at termination, the Aggression scale of the MSI-R was nonsignificant and the Finances and Conflict over Childrearing scales showed only small effects (0.22 and 0.07 respectively). These three areas were not specifically focused on in the SUCCES program. By contrast, areas that were specifically targeted by SUCCES such as increasing Time Together, Problem-Solving,

and Affective Communication resulted in moderate effect sizes (average effect size for 3 MSI-R scales = 0.44 postgroup and 0.48 at follow-up).

On the other hand, there were several measures for which larger effects were predicted than were attained. As previously noted, when a relationship domain was specifically focused on in the program, larger effect sizes were expected. However, Togetherness and Communication as measured by the Partnership Questionnaire showed effect sizes of only 0.23 and 0.20 at posttreatment and follow-up respectively. This finding was surprising given that other measures of similar constructs produced larger effects. In addition, the Commitment Scale-Abridged showed no differences as a result of group participation although this concept was focused on throughout the group and couples often anecdotally discussed their increased feelings of commitment toward each other. Lastly, although Role Orientation and Family-of-Origin issues as measured by the MSI-R are relatively stable constructs because they include many historical questions, at least some movement in these areas was expected as a result of the family-of-origin and expectations work done within the group. However, no significant changes were made.

Very few differences were reported by couples on intrapersonal measures of personality or individual functioning after completion of the group. There are likely several reasons for these nonsignificant effects but two are the most apparent. First, the SUCCES program did not target intrapersonal functioning for change. Therefore, if change would have occurred, it would have been secondary to increased satisfaction in relationship functioning. This type of change would likely not have affected personality variables such as those measured by BFI but would likely have had a secondary effect on

one's perception of quality of life. This appears to be what happened. Quality of Life scores significantly increased from Time 1 to Time 2 and remained significantly increased at Time 3 which seemed to indicate that participants' overall sense of well being increased in conjunction with increased relationship satisfaction. Second, the participants' pretreatment scores on measures such as the CES-D and the BFI were fairly close to community norms (John et al., 1991; Radloff, 1977); therefore, there was little room for change even if these areas were targeted by the intervention. In addition, personality is often thought of as a stable construct, therefore, it was expected that few changes in personality would result from relationship changes.

### *The SUCCES Teaching Model*

The SUCCES program was developed to merge a specific model of intervention with difficult to treat couples that has had success in the couples therapy literature (Snyder, 1999a) with a relationship enrichment program designed for couples who are more in need of a secondary level of intervention than traditional couples enhancement programs have offered. This model is pluralistic in nature, systematically drawing from a range of diverse theories in order to incorporate a broad spectrum of empirically supported interventions based on the belief that there is no "one ideal intervention" for all couples. As Guerney (1977) stated, "no major theoretical position and no psychological technology has a claim on the full truth, yet all probably have something valuable to contribute to the overall struggle toward reducing intra-psychic and inter-personal conflict and increasing personal satisfaction and harmony" (p. 320).

Based on the premise that different couples need different interventions based on

their specific strengths and weaknesses, it initially seemed paradoxical to offer one group based on one model to many couples at once. However, the relationship enrichment literature indicates that interventions based on one or two theories of relationship intervention such as cognitive-behavioral therapy or insight-oriented marital therapy produce significant changes in relationship functioning or satisfaction that are sustained over time. The SUCCES program extends this logic to predict that if programs based on one or two interventions can work for many couples with different needs, a program based on an integrative approach of multiple theories will help couples with different needs even more. The idea is similar to the metaphor that if one only offers a couple a hammer to work with, all problems will look like protruding nails; but if one offers a couple a toolbox, they will be able to select the proper tool for the specific problem they are dealing with.

Included in this toolbox are the interventions that have been shown to have some empirical support in the couples therapy or relationship enhancement literature. These include both cognitive behavioral interventions which have been shown to increase immediate relationship functioning as well as process and insight-oriented interventions which have been shown to increase long-term relationship functioning. In addition, in training couples to use these tools, the emphasis is first on safety and education before metaphorically sawing into the more emotionally dangerous territory of process-oriented issues. By first giving couples a positive mindset to experience each other through caring days and behavior exchange and then teaching them how to communicate and problem solve in respectful and productive ways, couples are better prepared for the

frequently sensitive topics of physical intimacy, relationship contracts, families of origin, and moving past old relationship hurts. Lastly, just as any good “shop teacher” would do, the facilitators were constantly present reminding couples to use their safe communications skills while coaching and giving feedback to the individual couples in the areas they needed the most help, thereby tailoring the “lesson plan” for each participant’s and couple’s needs.

### *How Did SUCCES Stack Up?*

Couples participating in SUCCES made significant increases in their relationship functioning. However, an important question is how this new model of intervention compares with current popular models of relationship enhancement already in use. Traditionally, effect sizes have been used in meta-analysis to compare disparate measurement methods and intervention techniques; however, even this method of comparison needs some clarification. The effect sizes generated by the SUCCES program were based on comparisons of couples’ pregroup functioning with postgroup and follow-up functioning. Many effect sizes in the literature are based on differences between wait-list controls or attention placebo controls and participants; therefore, the comparison is somewhat imprecise. However, looking at reviews of past relationship enrichment and prevention groups provides some point of reference.

Giblin et al.’s (1985) meta-analysis of 60 marital enrichment programs produced average effect sizes of 0.42 at posttreatment. Within the interpersonal measures of the SUCCES program that were significant from Time 1 to Time 2, effect sizes ranged from 0.22 to 0.63 and averaged 0.32. From Time 1 to Time 3, effect sizes for significant

criterion measures ranged from 0.16 to 0.57 and averaged 0.31. This indicates very little deterioration in gains over the six-month follow-up. Only 34 enrichment programs in the Giblin et al. (1985) meta-analyses even included follow-up measures, and these studies reported decreases in effect size at follow-up to an average of 0.34.

Although the posttreatment effect sizes from the SUCCESS program are smaller than those in the Giblin et al. (1985) article, it is important to note several qualifications. First, this study is the initial evaluation of the SUCCE program whereas several of the groups included in the Giblin et al. (1985) study were well established. Second, by follow-up, the SUCCE effect sizes rivaled those reported in the Giblin et al. (1985) meta-analyses. Giblin et al. (1985) also reported that larger effects were reported with simple statistics such as t-tests, whereas smaller effects were associated with more complex analyses such as the multivariate analyses performed in this study. In addition, the review by Giblin et al. (1985) and the review of premarital groups by Hahlweg and Markman (1988) both reported larger effect sizes for behavioral measures of relationship change rather than self-report data likely due to response shift bias. In fact, the Giblin et al. (1985) study reported that the average effect size for behavioral measures was 0.76 whereas the average effect size for self-report instruments was 0.35 which is comparable to our results based on self-report. Due to preliminary nature of this outcome study, no behavioral observation measures were feasible.

The Hahlweg and Markman (1988) meta-analysis included groups for premarital couples and yielded an average effect size of 0.79 at posttreatment yet it only included published articles. Thus, there was likely a bias toward larger effect sizes given a

tendency in the literature to publish only significant results. In addition, the average effect size for the self-report instruments surveyed by Hahlweg and Markman (1998) was 0.52. Lastly, the Hahlweg and Markman (1998) meta-analyses focused only on cognitive-behavioral programs which may have yielded larger effect sizes due to a better match between observational coding measures and cognitive behavioral interventions.

Another reason the effect sizes reported for the SUCCES program likely ranged from small to moderate is the selection of outcome measures. In order to have comparable measures with well established programs such as the PREP program (Markman, Stanley, & Blumber, 2001), the SUCCES study tried to replicate the measures that were used in that program. However, because the SUCCES program has more of a developmental focus than the PREP program, it is likely that the measures chosen may not be measuring all of the changes specifically targeted in the SUCCES program. It is believed that if the outcome criteria had more specifically matched the behavioral and emotional indicators targeted by this intervention such as levels of empathy, expectations shifts, ability of the couples to move past hurts, or increased numbers of dates, the effect sizes would have been larger. Outcome studies from the marital therapy literature examining Insight-Oriented Marital Therapy or Emotionally-Focused Therapy likely would be good sources to find suitable measures that relate increases in insight to changes in long-term marital satisfaction or functioning.

The studies in the Hahlweg and Markman (1988) as well as the Giblin et al. (1985) meta-analysis were also likely working with a different type of sample than the SUCCES program. Although regression toward the mean might cause one to expect



larger effect sizes with more distressed couples such as those that were targeted by SUCCES, there are several reasons that groups for less distressed and premarital couples might produce larger effects. First, premarital couples receiving skills training such as those in the Hahlweg and Markman (1988) meta-analyses might be pulled to report large gains in relationship satisfaction due to the large life step they are about to make and the general halo effect that can occur in a relationship as one gets closer to matrimony.

In addition, previous reports have indicated that relationship enrichment seminars may work better with higher functioning couples because their problems may be less entrenched. However, given that this program sought to reach couples even if they were experiencing a moderate amount of relationship distress, modest gains, which may be harder to achieve given the couples' level of distress, may be more valuable for our target couples.

Lastly, in comparison to many couples in previous meta-analyses, our couples tended to be older and were together longer. The average couple in the Hahlweg and Markman (1988) meta-analyses was 22 years of age and had been dating two and a half years. Couples in the Giblin et al. (1985) study averaged 32 years of age; length of marriage was not reported. The couples who completed SUCCES averaged 37 years of age and had been married an average of 12 years. Larger effect sizes have been related to younger participants in the past (Giblin et al., 1985). In addition, given the length of time our couples had been together and their older age, one might predict that there would be less change noticed due to repetitive perceptions of one's spouse and one's relationship; thereby, increasing the likelihood that ratings would be stable across time.

### *Who Didn't the Group Help?*

Although complex analyses regarding who benefited the most or least from the program were not feasible due to the sample size, it is helpful to look at the attrition data to see which couples removed themselves from the group and extrapolate who may benefit less from the SUCCES program. Demographically, husbands who dropped out of the group tended to be older which corresponds with previous data reporting younger participants may benefit more from groups (Giblin et al., 1985). In addition, husbands and wives who dropped out of SUCCES tended to work in lower-level occupations and tended to have fewer years of education than completers.

Although this group was designed to be a secondary intervention adequate to meet the needs of couples who had experienced relationship risk factors or moderate marital distress, a disproportionate number of dropouts had experienced some type of relationship risk factor in comparison to the completers. Attrition couples had higher rates of prior divorce, relationship aggression, and marital separation relative to completers. In addition, attriter husbands reported increased marital distress, increased dissatisfaction with communication, and increased rates of aggression on the MSI-R. Similarly, attriter wives reported more problems with problem solving and aggression on the MSI-R. In summary, it appears that although some moderately distressed couples were able to stay in the SUCCES program and benefit from it, there was a higher likelihood of failure in the program if couples were positive for certain risk factors such as a history of aggression, prior divorce or separation, or increased marital distress.

### *How Did Couples Rate SUCCES?*

As the field of prevention becomes more scientific and empirical, discussions of consumer satisfaction have been increasingly marginalized. However, as pointed out by Duncan, Box, and Silliman (1996), a program is only as good as its participants; given the price and time commitment of many groups, recruiting participants is often quite difficult. For this reason, the SUCCES group's overall appeal and ability to satisfy its participants are also important.

Overall, participants who completed SUCCES tended to rate the program between moderately to very useful or helpful. Of course, the couples who dropped out did not provide postintervention ratings therefore this assessment might be artifactually inflated. In addition, the high drop-out rate may say something negative about how some couples felt about the program. However, dropout rates similar to those in this program (41%) have been reported in numerous studies and have ranged from 17% to 59% (Giblin, 1986; Sayers, Kohn, & Heavy, 1998).

Couples tended to prefer sessions based on cognitive-behavioral skill building in the form of training in communication, listening, and problem solving. However, exploration of family-of-origin issues and learning how to move past relationship hurts by exploring and increasing insight around the issue were also rated highly in terms of overall importance to the participants' relationships. Although reports of preferences for skill-based modules are frequently seen in the consumer satisfaction literature (Silliman & Schumm, 1989; Williams, Riley, Risch, & Van Dyke, 1999) other studies have found that couples have rated increasing self-awareness and understanding how one's family of

origin experiences affect their current relationship as the most satisfying aspects of programs (Duncan et al., 1996; Russel & Lyster, 1992). Therefore, our results are similar to those reported in the consumer preferences literature.

As Silliman and Schumm (1999) indicated, some issues may be too complex and fail to stimulate couples due to information overload. It appears that the modules that couples preferred the least, “Changing Thinking Errors” and “Increasing Intimacy” fell into this category. Teaching couples how to recognize and challenge distorted thinking in their marriage in one session is very difficult because this is a skill that takes much theoretical explanation and practice to master. In addition, the intimacy module was also information intensive and less process-oriented than couples preferred. Future versions of SUCCES might modify these modules to make them more user-friendly and meaningful to couples.

Couples tended to prefer the in-session exercises with on-line coaching and feedback rather than independent skill consolidation during the homework exercises. Most literature indicates that this latter step is important for long-term relationship improvement (Silliman & Schumm, 1999); thus, future versions of SUCCES will need to increase the subjective appeal of this aspect of the program to make it more gratifying and practical for the consumers (Markman, Floyd, Stanley, & Lewis, 1986).

### Limitations

Limitations of this study should be considered, because they qualify the conclusions that can be drawn from the results. The most important limitation to this

study was the lack of an adequate control group. As noted in Campbell and Stanley (1963), without a control group, one cannot tell if changes in relationship functioning are due to effects of the intervention, regression toward the mean, maturation, testing, expectancies, self-selection variables that result in a biased participant pool, or demand characteristics. However, Campbell and Stanley (1963) also reported that the one-group pretest-posttest design, which our study used, is better than a case study and is “worth doing where nothing better can be done” (p. 7). In addition, Eldridge, Lawrence, and Christensen (1999) emphasized that it is not possible to say that the pretest to posttest changes occurring in an intervention such as those found in this study are due to participation. Instead, one must be satisfied reporting that couples participating in the SUCCES program demonstrated changes on multiples relationship measures.

The preliminary nature of this study did not allow for a control group for several reasons. Although wait-list controls were initially planned for, due to low response to recruitment efforts there were never enough subjects to have a wait-list while still starting a group with an adequate size. Attention placebo controls were considered but again, logistical constraints around low responses to advertisements prevented this possibility. Lastly, selection of a no-treatment control group from the community was also considered. However, subject recruitment and self-selection factors likely would have made comparisons between the groups unhelpful (Eldridge et al., 1999) because a different set of couples likely makes a commitment to a 9-week intervention with three assessment periods than couples who only have to fill out packets for compensation.

A second limitation was small sample size. With only 32 couples completing all three time periods, some questions such as whom the group worked best for could have been explored more thoroughly had the sample size been larger. The primary reason for the small sample was that recruitment of volunteer participants resulted in a much lower turnout than anticipated and the drop-out rates for couples who completed the program were higher than anticipated. The low initial interest might have been due to the perception that the benefits of participating (increased relationship satisfaction) did not outweigh the costs to participants (\$50 dollars, a 9-week commitment for two hours plus homework time, and having to fill out packets at three time periods that took approximately 2 hours each). The higher than expected drop-out rate at Time 3 might have been due to the incentive for completion of the questionnaires (\$25 rebate) being given after Time 2. In addition, the moral obligation or desire to please the facilitators likely decreased as a function of time away from the group and increased interference from life's demands.

Related to the first two issues is the subject of the statistical analyses. Given that there was no control group, each subject had to serve as his or her own control through the use of repeated-measures MANOVAs and repeated-measures ANOVAs. In addition, because the couple was the unit of analysis used to control for the interdependence of spouses' reports, an individual's measures could not be used without those of his or her spouse. Within this research design, a subject who did not complete all three time periods of data collection may as well not have participated in the program at all for data analytical purposes. In addition, their spouse's data, even if completed at

all three time periods was also not analyzable when the above participant missed even one time period. Six couples' data (16% of the couples who completed the program and Time 2 data) were lost due to refusal of one spouse to complete the Time 3 assessment.

The fourth limitation relates to outcome measurement, both in terms of the instruments used and the timing of follow-up assessments. Most recommendations in relationship enhancement research design point to the need to pick measures of change that will be specific to the changes one is trying to get the couples to make. For example, if one were trying to increase the amount of pleasurable time couples spend together, it is good to include a log of specific criterion behaviors across time such as the number of date nights the couples had one month before group, the last month of the group, and the month before the six-month follow-up assessment. Similarly, one could have couples keep a log of actual number of times they had tried to use a specific skill such as leveling or problem-solving during same time periods. This study included no such measures but likely would have shown significant increases in these domains had they been measured. This would have made it easier to draw conclusions regarding the relationship between the intervention and the criterion measure even without a control group because of the specificity of measure to the intervention.

Similarly, the unique aspect of the SUCCES program was its simultaneous focus on skills development while also increasing insight in order to allow for more empathy for one's spouse and increasing understanding of one's own unconscious needs and habits that may be limiting current relationship functioning. The outcome measures used in SUCCES likely did not assess the increases in insight targeted by the program or the

behavioral and emotional changes that would have resulted from such insight such as increased feelings of empathy, increased abilities to forgive, or behavioral changes related to role orientation or expectation shifts in marriage. Had such measures been included, SUCCES may have been able to make stronger claims regarding the ability and importance of trying to impact these process-oriented domains.

In addition, as noted by Giblin et al. (1985), behavioral and observational measures of relationship functioning on tasks such as communication skills or problem solving produce larger effect sizes than self-report measures. In addition, self-report data often suffer from response shift bias due to raised expectations from participating in the program; thereby causing one to have higher expectations for one's relationship in regard to the new skills learned. Observational measures, however, offer a stable anchor point that avoids this bias (Giblin et al., 1985). Logistical and budgetary constraints made these types of data unfeasible during this early stage of program validation.

Lastly, this program included a 6-month follow-up assessment time period. Although this follow-up period was recommended by Sayers, Kohn, and Heavey (1998) as the minimum follow-up assessment period necessary to establish that changes made during the program are durable, the same authors reported that follow-up periods of 5 to 10 years are needed to establish that the goals of prevention programs including prevention of eventual dissatisfaction or divorce were reached. Clearly, this time frame was unreasonable for this initial study and was not suggested to couples at the outset of the study. However, future efforts to overcome some of the limitations of the current study with the SUCCES program will likely have longer follow-up time periods built in.



### Implications for Future Research

One can surmise from looking at the significant findings and the limitations of the current study that there are several immediate implications for future research with the SUCCES program. First, more well-designed and well-implemented short- and long-term outcome research studies of the SUCCES program occurring in different labs, with different types of measures appear warranted given the initial promising results of the preliminary trial of the SUCCES program. Future outcome studies need to include randomly assigned control groups; competing treatment models; follow-up time periods based on years rather than months; outcome measures more specifically measuring the behaviors and concepts the SUCCES program is trying to change as well as the more global measures of satisfaction that are key to marital success; and larger samples that will allow for more sophisticated statistical analyses. In addition, research would also be helpful on the specific components included in the SUCCES program to find out which modules may need to be improved upon, deleted, or added. Lastly, treatment matching should be considered for future versions of the SUCCES program determined by specific needs of a target audience. More will be said about these future research goals below.

First, observational measures of change, such as the coding of marital interactions, seem to show larger effects than couples' self-reports. Observational measures have a more objective and stable baseline. For this reason, it is important to use measures of both self-report and observation in order to accurately assess change.

In addition, the field in general and the SUCCES program specifically needs to measure directly the skills taught by the individual components of the program to assess

the intervention's impact on a particular domain targeted. Preventionists need to examine not only whether couples can learn the skills facilitators are trying to teach them, but also identify if the couples actually use the skills while in the program and later in their marriage. Some of the consumer surveys such as Williams et al. (1999) have used this approach by calling couples who have graduated from programs years earlier and assessing the degree to which the couples currently use or find helpful the components presented to them in the program.

Outcome research examining whether the use of such skills actually positively impacts a marriage in the long run also needs to be conducted. For this reason, the importance of active listening has recently come into question (Gottman, Coan, Carrere, & Swanson, 1998; Hafen & Crane, 2003). Assessing the impact of using controversial skills such as active listening or less established interventions such as forgiveness skills is vital to demonstrating their long term efficacy in increasing relationship functioning.

Second, the importance of long-term follow-up periods is critical. Preventionists need to know how programs and components are affecting couples in the short and long run. Neither focus is sufficient and both are necessary. It is well recognized that long-term follow-up is expensive and complicated due to high attrition rates, but this work still needs to be done. Within the SUCCES program, 16% of the couples who had already completed the program attrited by the 6-month follow-up. Incentives for continuing to provide data to researchers need to be developed in order to make longer term follow-up periods possible and logistically feasible. In addition, better tracking of who attrits during longer follow-up time periods is vital to ensure the representativeness

of the data collected several years postgroup. Suggestions for sources of funding for such long-term outcome studies will be discussed under clinical implications.

The third point for future research with the SUCCES program pertains to comparison studies as deemed necessary to consider a program efficacious. Although few significant differences have been found among different treatments when comparing marital therapy schools, this practice is still so uncommon in the prevention literature it is hard to speculate on the outcome of such investigations. For this reason, the field needs more comparison studies that not only compare the programs developed and implemented in university and research settings such as the SUCCES program, the Relationship Enrichment seminar by Guerney and colleagues (Accordino & Guerney, 2002), and the PREP program by Markman and colleagues (Markman, Stanley, & Blumberg, 2001), but also the programs that are most commonly used in the community such as the Marriage Encounter groups (Elin, 1999) run by many religious organizations.

Although comparing one treatment to another will generate important information, such research has limitations. Just as marital therapy outcome research has moved to investigating the individual ingredients responsible for change within individual couples because of the recognition that couples have different needs (Snyder, 1999b), so to should prevention outcome research. The prevention field in general and the SUCCES program in particular, need more research on the individual components of relationship enrichment groups in order to establish their efficacy.

Although some evidence of differential program component efficacy was presented in the review of the components of the SUCCES program; this information

was based on whether or not a general program, offering many components, measured a specific component at all. More research is needed such as Gottman's (1999) eight proposed proximal change studies that evaluate the efficacy of each component in his relationship enrichment seminar (Gottman & Gottman, 1999). These types of studies will isolate the specific components of programs in a more methodologically sound way in order to establish whether the individual components proposed in different groups help couples remain satisfied (Gottman & Gottman, 1999). There are, however, some limitations to this approach. Because some of the components in a program may be based on the mastery of material in earlier components and because there may be a synergistic effect from having all the components together as in the pluralistic model of the SUCCES program, investigating the components in complete isolation may not always be recommended (Snyder, 1999a).

A fifth and related recommendation for the research field is that more research needs to be conducted on the efficacy of these different components with different groups of couples based on different selection criteria such as couples' age, life stage, religious orientation, or risk factors. In this scenario, different groups would focus more or less on the different components of the SUCCES program based on the special needs of each group. These needs might be determined by pregroup testing using a broad measure of general marital functioning, or the needs may be determined based on a theoretical formulation of the needs of a certain type of group. Group formation may be based on an already intact group such as the PTA or a church group, the developmental stage of the couples, the transitional stage of the couples, feedback from questionnaires,

risk indicators of the couple, or consumer preferences. There are several logistical considerations in recruiting membership for such groups. However, several research groups are starting to adopt this technique and are finding important results (Stanley, Markman, Prado, Olmos-Gallo, Tonelli, St. Peters, Leber, Bobulinski, Cordova, Whitton, 2001; Van Widenfelt, Hosman, Schaap, & van der Staak, 1996).

One such study of the PREP program undertaken by Van Widenfelt, Hosman, Schaap, and van der Staak (1996) focused on couples at risk for divorce because of a parental history of divorce in either spouse. The results of this study were in sharp contrast to other PREP results, indicating the importance of discovering which components specialized groups may need. Halford, Sanders, and Behren (2001) reported the results of another PREP program for couples at risk due to the female having divorced parents or the male having had a spousal abusive father. In contradiction to the Van Widenfelt et al. (1996) study, these results provided positive support for the PREP program with this high risk group. Such research with the SUCCES program should be designed to study the intervention components in isolation and in combination so that the program facilitators can best tailor the SUCCES experience to the needs of a specific group for maximum efficiency and effectiveness.

Lastly, researchers and program providers need to work more closely with each other in order to merge their respective fields. Berger and DeMaria (1999) published a review of the most popular marital enrichment programs and the empirical support for each program. It was clear that the research emphasis varied tremendously in each of the programs. Researchers need to reach out to the community providers to help inform

them of the empirically supported products already available and provide their technical skills in research design to established programs with few outcome studies in their history. Only in doing so, will innovative ideas for the integration of the practical applications of marriage enrichment common in the community and the empirically based ideas of researchers be combined to produce the most efficient, powerful, and palatable product that is attractive to couples, facilitators, and funding agencies.

### Implications for Clinical Practice

#### *Recruitment*

Most preventionists point out the widespread need for prevention due to the enormous individual, couple, familial, and societal financial, legal, and emotional costs resulting from divorce. With the divorce rate stable at around 50% for the past several years, preventionists argue that many of these divorces might have been prevented if only the couples would have been taught the skills that have been associated with the reduction of risk factors and the induction of protective factors earlier.

These same preventionists rarely talk about one of the biggest problems with prevention: very few couples take advantage of the prevention services offered to them. In the SUCCES program, we advertised a total 39 weeks over the course of 2 years in the local newspaper and other venues. The group was run 10 times and only cost \$50 to participate. Even with all of those opportunities plus a \$25 dollar rebate that was advertised at the start, only 55 couples started the group and 32 couples finished all three time periods of data collection. This number was disappointing given the number of

hours the lead investigators dedicated to subject recruitment through telephone solicitation, leaflet distribution, and encouragement of word of mouth advertising.

If the field really wants to protect people from the later distress of divorce, then it must find a better way to deliver these programs to them. In order to do that, factors keeping couples from participating need to be identified and eliminated. Barriers seem to be lack of time, stigma attached to the helping fields, lack of knowledge of prevention opportunities, and a lack of appeal of program components such as content and structure.

How can these barriers be addressed? The answer may lie in the use of an infrequently used word in psychology -- marketing. In a body of research somewhat separate from the empirical outcome research reviewed in this paper, preventionists are doing exciting research on how the field can better reach consumers. Duncan, Box, and Silliman (1996) combined the ideas of the "4 Ps" of marketing: product, price, place, and promotion, with prevention practices and consumer preferences. The researchers found that preferences around these four areas varied by ethnicity and gender. In addition, other consumer preference studies have shown that interest levels vary by age, cohort, and cultural differences. For instance, younger couples prefer specific direction on topic areas such as parenting or budgeting, whereas older couples prefer skills training in communication and conflict resolution (Russell & Lyster, 1992). Canadian college students were less interested in marital preparation programs because of their affiliation with religious values (Boisvert, Ladouceur, Beaudry, Freeston, Turgeon, Tardif, Roussy, & Loranger, 1992). By contrast, Americans rated the incorporation of some type of religious focus in the top five wishes for a premarital program (Williams et al., 1999).

Although Silliman and colleagues' work has been helpful in identifying ideas couples have about marriage preparation programs and preferences they have for content, length, format, and location, it does not directly address the prevention and enhancement field for couples already married. This is not to say that the prevention and enhancement fields have been totally negligent in consumer research, but the current studies from this latter field are based primarily on the preferences of couples who have already attended groups. If the field were able to recruit these couples in the first place, they might not be very representative of the larger "at risk" audience that the field needs to understand and reach better. Preventionists need prospective marketing research based on the "4 Ps" that target the specific groups (e.g., risk level, transitional stage, developmental level) a program is trying to reach.

In addition, programs need better advertising to "get the word out" about prevention. Berger and DeMaria (1999) called prevention the "invisible product" because so few people are aware of prevention work opportunities. In order to publicize prevention programs to different groups, the field needs to identify the most common sources of information and help used by different groups and establish advertising and programs within these dominant social organizations. According to research by Duncan et al. (1996), that might mean centralizing programs in churches and community centers for African Americans whereas Caucasians may prefer university settings.

For the SUCCES program, we found that although letters advertising the program were sent to all religious leaders in the local community each time the program was offered, only one referral was made through a religious organization. It may have



been that the religious institutions already had competing relationship enrichment programs. However, future SUCCES validation studies may try to “join forces” with a religious institution as has been done recently by Stanley et al. (2001). These researchers trained leaders in 45 religious organizations in Denver on the PREP program in order to more effectively disseminate their premarital prevention program and reported very positive results.

In summary, it appears that future versions of the SUCCES program and other marital enrichment designers in general should put more of an equal emphasis on empiricism and consumer variables such as preferences and advertising. It is important to focus on more than what has been empirically validated because other, less studied skills and concepts may not only be useful; but they may also appeal to couples and “bring them in” so that preventionists can teach them the empirically validated skills. Consumer preferences need to be addressed in order to make programs more appealing and less stigmatizing, intimidating, or burdensome. This method is similar to other practices commonly used in marketing. The grape flavoring in children’s vitamins may not add anything of pharmacological value, but it is included to help children swallow something they need but might not want.

Markman et al. (1986) recognized this when they noted that they have been gathering information from graduated couples on the most and least enjoyable aspects of their program. The researchers pointed out that, based upon the feedback, they have changed some parts of the PREP program in an attempt to “increase the hedonistic relevance” of the program. Similarly, the clear feedback from SUCCES couples seems

to be to keep skill-based and insight-oriented program components while changing components that are more complex and require longer explanations such as changing distorted thinking. In addition, future versions of SUCCES need to find a way of making homework exercises more appealing and “do-able” so this vital component of skill acquisition will be practiced more regularly in future efforts. Lastly, more marketing and advertising research needs to be incorporated in future SUCCES studies so valuable time and resources will not be wasted on ineffective recruitment efforts.

### *Targeting Specific Groups*

As noted previously, it may turn out to be more efficient to deliver programs to predefined target groups. Although the SUCCES program was primarily a generalist secondary prevention effort, future versions of this program may benefit from a more specific secondary prevention approach in which target groups identified on the basis of their developmental level, transition period, risk group, age of members, or length of marriage are the focus of recruitment and intervention. The program developers and facilitators will then need to emphasize different components based on the factors that make these groups’ marriages more or less at risk than other marriages or based on the preferences these groups have. These risk and protective factors will vary by group but the informed pluralistic approach takes this into account in that it is flexible yet comprehensive in nature thereby allowing tailoring to a degree. As an example of this approach, Arp, Arp, Stanley, Markman, and Blumberg (2002) have recently published a book tailoring the PREP program (which was originally designed for premarital couples) to the needs of “empty nesters.” In this book, the program designers retain the original

components of the PREP program including communication skills, conflict management, building positive feelings, and increasing commitment while tailoring these components to the specific issues “empty nesters” may be facing such as letting go and moving on, re-inventing new ways to have fun, and redefining the relationship.

*Making Prevention and Enrichment the Norm*

Fraenkel et al. (1997) noted that the media and the public can help “spread the message” that asking for help is acceptable and that mastering a few simple tools may prevent much distress later. The prevention field needs to exploit media and other influential sources to “hit people with this message in their homes” (Markman, Halford & Cordova, 1997). Ideally, prevention efforts aimed at keeping one’s marriage healthy would be just as common as exercise programs to keep one’s body healthy.

Although prevention programs are not insurance policies against divorce, they are a step in that direction. Just as there is a public health care perspective about physical health, there needs to be a public health care perspective to decrease dysfunctional marriages (Markman, Halford & Cordova, 1997). The public should be demanding more programs aimed at a larger segment of the population, that have better outcome studies with longer follow-up periods.

In order to meet these demands, there needs to be increased funding for the research and development of such programs. Government, churches, communities, and charitable research organizations for children and families may be sources that are willing to fund such campaigns since their institutions will benefit or suffer depending on the outcomes of marriages. Refunds on school or property taxes or discounts on

marriage license applications if one takes a prevention seminar could possibly be used as incentives or funding sources. Public health care agencies that fund other primary prevention efforts such as weight management could be targeted because relationship dissatisfaction is related to a variety of negative health implications. In summary, the public needs to feel some measure of responsibility for the encouragement and support of couples, because strong marriages are the backbone of healthy families and societies.

### Conclusion

This study sought to introduce a new program for prevention of marital distress and enrichment of marital relations called Satisfying Unions through Couples Communication and Enrichment Skills (SUCCES). The pluralistic model that systematically combines both cognitive-behavioral and insight-oriented marital therapy techniques was introduced and supported as a promising intervention for couples in need of secondary prevention efforts due to risk indicators, increased marital dissatisfaction, or longer lengths of marriage. Efforts to validate the SUCCES program were reviewed by describing the first outcome study of the 9-week intervention with 55 couples over the course of two years. Lastly, discussion of the study's strengths and limitations as well as implications for future research and clinical efforts were reviewed.

Given that couples who participated in the SUCCES program reported increased ratings of marital satisfaction, communication skills, problem-solving skills, and feelings of tenderness, as well as decreased complaints of quarrelling and numbers of problems in their relationship at termination and at 6-month follow-up, it appears that the

SUCCES program warrants further resources to continue to study its usefulness in a controlled outcome study. Future outcome studies should include control groups, measures of behavioral or observational data, more specific self-report data that directly assesses areas of change targeted by the group, and longer follow-up time periods to assess whether the preventative goal of the group is occurring on long-term indicators of marital success such as marital stability or behavior change two-years later.

Clinically, the pluralistic model of intervention proposed in this study and conducted through the SUCCES group appears to have been well received by the participants and has firm theoretical and empirical backing in the couples therapy literature. This program was unique in that it combined both cognitive-behavioral skills for couples and insight-oriented skills in order to increase affective understanding and connection while also including direction on how to move past relationship hurts that may be a special need for the couples targeted in this secondary prevention effort. In addition, all components of the SUCCES program had some empirical validation in past research and were chosen in a planned manner to match an existing dyadic intervention program for difficult to treat couples that has received some support in the couples therapy literature. Future efforts may target specific groups so as to emphasize different aspects of the program depending on the clinical formulation of each group's needs.

The next step in disseminating this program or any other prevention program will lie in marketing the product better. It was extremely difficult to recruit and retain couples even though this intervention and the techniques used in it seemed to be well liked. By focusing on improving the product and incorporating consumer likes and

dislikes; scaling pricing so this is an affordable and practical product for both consumers and facilitators; ensuring that the product is placed in areas of the community that will get both the highest response and target the audience most in need; and promoting the product in the venues that targeted audiences are most likely to learn about it, it is felt that these barriers to encouraging positive relationship skills and increasing sustainable and satisfying marriages will be decreased.

In summary, the SUCCES program appears to be a worthy program for future clinical trials and eventual widespread distribution to couples as a tool to enrich their marriage and prevent future marital distress. This preliminary outcome study was able to show that couples who participated in the program made increases in several relationship domains including overall satisfaction, communication skills, positive feelings, reduction of complaints, and specific areas of relationship functioning. Effect sizes rivaled those reported by a previous meta-analyses of enrichment groups when looking at self-report data and future efforts are expected to produce increased effect sizes due to small modifications in the program and improvements in the research design. However, without more research on marketing and distribution, this work may be for little purpose. As Coie et al. (1993) summarized in their landmark paper calling researchers to the science of prevention, “Perhaps nowhere else in the mental health enterprise is the interplay between science and practice more crucial than in the domain of prevention.” This program, with its ability to be somewhat fluid based on a specific group’s needs, as well as its attention to both empiricism and consumer preferences may be an additional product that can help to bridge the scientist practitioner gap.

## REFERENCES

- Accordino, M.P. & Guerney, B.G. (2002). The empirical validation of relationship enhancement couple and family therapy. In D. Cain (Ed.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 403-442). Washington, DC: American Psychological Association.
- Arp, D.H., Arp, C.S., Stanley, S.M., Markman, H.J., and Blumberg, S.L. (2000). *Fighting for your empty nest marriage: Reinventing your relationship when the kids leave home*. San Francisco, CA: Jossey-Bass/Pfieffer.
- Avery, A.W., Ridley, C.A., Leslie, L.A., & Milholland, T. (1980). Relationship enhancement with premarital dyads: A six-month follow-up. *American Journal of Family Therapy*, 8, 23-30.
- Bagarozzi, D.A., Bagarozzi, J.I., Anderson, S.A., & Pollane, L. (1984). Premarital Education and Training Sequence (PETS): A 3-year follow-up of an experimental study. *Journal of Counseling and Development*, 63, 91-100.
- Baucom, D.H. (1984). The active ingredients of behavioral marital therapy: The effectiveness of problem-solving/communication training, contingency contracting, and their combination. In K. Hahlweg & N.S. Jacobson (Eds.), *Marital interaction: Analysis and modification* (pp. 73-88). New York, NY: Guilford Press.
- Baucom, D.H., & Epstein, N. (1990). *Cognitive-behavioral marital therapy*. New York, NY: Guilford Press.
- Baucom, D.H., & Lester, G.W. (1986). The usefulness of cognitive restructuring as an

- adjunct to behavioral marital therapy. *Behavior Therapy*, 17, 385-403.
- Baucom, D.H., Sayers, S.L., & Sher, T.G. (1990). Supplementing behavioral marital therapy with cognitive restructuring and emotional expressiveness training: An outcome investigation. *Journal of Consulting and Clinical Psychology*, 58, 636-645.
- Baucom, D.H., Shoham, V., Mueser, K.T., Daiuto, A.D., & Stickle, T.R. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal of Consulting and Clinical Psychology*, 66, 53-88.
- Berger, R., & Hannah, M.T. (1999). Introduction. In R. Berger & M.T. Hannah (Eds.), *Preventive approaches in couples therapy* (pp. 1-27). Philadelphia, PA: Brunner/Mazel.
- Boisvert, J.M., LaDoucier, R., Beaudry, M., Freeston, M.H., Turgeon, L., Tardif, C., Roussy, A., & Loranger, M. (1992). Perceptions of marital problems and of their prevention by Quebec young adults. *Journal of Genetic Psychology*, 156, 33-44.
- Bradbury, T.N., & Fincham, F.D. (1990). Preventing marital dysfunction: Review and analysis. In F.D. Fincham & T.N. Bradbury (Eds.), *The psychology of marriage: Basic issues and applications* (pp. 375-401). New York, NY: Guilford.
- Buongiorno, J. (1992). *Wait time until professional treatment in marital therapy*. Unpublished master's thesis. Catholic University.
- Campbell, D.T., & Stanley, J.C. (1963). *Experimental and quasi-experimental designs for research*. Boston, MA: Houghton Mifflin



- Carrere, S., Bluehlman, K.T., Gottman, J.M., Coan, J.A., & Ruckstuhl, L. (2000). Predicting marital stability in divorce in newlywed couples. *Journal of Family Psychology, 14*, 42-58.
- Cavedo, C., & Guerney, B.G. (1999). Relationship enhancement enrichment and problem-prevention programs: Therapy-derived, powerful, versatile. In R. Berger & M.T. Hannah (Eds.), *Preventive approaches in couples therapy* (pp. 73-106). Philadelphia, PA: Brunner/Mazel.
- Coie, J., Watt, N., West, S., Hawkins, J., Asarnow, J., Markman, H., Ramey, S., Shure, S., & Long, B. (1993). The science of prevention: A conceptual framework and some directions for a national research program. *American Psychologist, 48*, 1013-1022.
- Duncan, S.F., Box, G., & Silliman, B. (1996). Racial and gender effects on perceptions of marriage preparation programs among college-educated young adults. *Family Relations, 45*, 80-90.
- Durana, C. (1994). The use of bonding and emotional expressiveness in PAIRS training: A psychoeducational approach for couples. *Journal of Family Psychotherapy, 5*, 65-81.
- Durana, C. (1996). A longitudinal evaluation of the effectiveness of the PAIRS psychoeducational program for couples. *Family Therapy, 23*, 11-36.
- Dyer, P.M., & Dyer, G.H. (1999). Marriage enrichment, A.C.M.E.-style. In R. Berger & M.T. Hannah, (Eds.), *Preventive approaches in couples therapy* (pp. 28-54). Philadelphia, PA: Brunner/Mazel.

- Eldridge, K.A., Lawrence, E., & Christensen, A. (1999). In P.C. Kendall & J.N Butcher (Eds.), *Handbook of research methods in clinical psychology* (pp. 681-699). New York, NY: J. Wiley & Sons, Inc.
- Elin, R.J. (1999). Marriage encounter: A positive preventive enrichment program. In R. Berger & M.T. Hannah (Eds.), *Preventive approaches in couples therapy* (pp. 55-72). Philadelphia, PA: Brunner/Mazel.
- Emmelkamp, P.M.G., van der Helm, M., MacGillavry, D., & van Zanten, B. (1984). Marital therapy with clinically distressed couples: A comparative evaluation of system-theoretic, contingency contracting, and communication skills approaches. In K. Hahlweg & N.S. Jacobson (Eds.), *Marital interaction: Analysis and modification* (pp.36-52). New York, NY: Guilford Press.
- Emmelkamp, P.M.G., van Linden van den Heuvell, C., Ruphan, M., Sanderman, R., Scholing, A., & Stroink, F. (1988). Cognitive and behavioral interventions: A comparative evaluation with clinically distressed couples. *Journal of Family Psychology*, 1, 365-377.
- Epstein, N. (1982). Cognitive therapy with couples. *American Journal of Family Therapy*, 10, 5-16.
- Epstein, N.B., Baucom, D.H., & Daiuto, A. (1997). Cognitive-behavioral couples therapy. In W.K. Halford and H.J. Markman (Eds.), *Clinical handbook of marriage and couples interventions* (pp. 416-449). New York, NY: John Wiley & Sons, Ltd.
- Fenell, D. (1993). Characteristics of long-term first marriages. *Journal of Mental*

*Health Counseling, 15, 446-460.*

- Fraenkel, P., Markman, H., & Stanley, S. (1997). The prevention approach to relationship problems. *Sexual and Marital Therapy, 12, 249-258.*
- Frisch, M.B., Cornell, J., Villanueva, M., & Retzlaff, P.J. (1992). Clinical validation of the Quality of Life Inventory: A measure of life satisfaction for use in treatment planning and outcome assessment. *Psychological Assessment, 4, 92-101.*
- Giblin, P. (1986). Research and assessment in marriage and family enrichment: A meta-analysis study. *Journal of Psychotherapy and the Family, 2, 79-86.*
- Giblin, P., Sprenkle, D.H., & Sheehan, R. (1985). Enrichment outcome research: A meta-analysis of premarital, marital and family interventions. *Journal of Marital and Family Therapy, 11, 257-271.*
- Gottman, J.M. (1993a). A theory of marital dissolution and stability. *Journal of Family Psychology, 7, 57-75.*
- Gottman, J.M. (1993b). The roles of conflict engagement, escalation, and avoidance in marital interaction: A longitudinal view of five types of couples. *Journal of Consulting and Clinical Psychology, 61, 6-15.*
- Gottman, J.M. (1994). *What predicts divorce?* Hillsdale, NJ: Lawrence Erlbaum Associates.
- Gottman, J.M. (1999). *The marriage clinic.* New York, NY: W.W. Norton & Company, Inc.
- Gottman, J.M., Coan, J., Carrere, S., & Swanson, C. (1998). Predicting marital happiness and stability from newlywed interactions. *Journal of Marriage and*

*the Family*, 60, 5-22.

Gottman, J.M., & Gottman, J.S. (1999). The marriage survival kit. In R. Berger & M.T.

Hannah (Eds.), *Preventive approaches in couples therapy* (pp. 304-330).

Philadelphia, PA: Brunner/Mazel.

Guerney, B.G., Jr. (1977). *Relationship enhancement: Skill training programs for therapy, problem prevention, and enrichment*. San Francisco, CA: Jossey-Bass.

Guerney, B.G., Jr., & Maxson, P. (1990). Marital and family enrichment research: A decade review and a look ahead. *Journal of Marriage and the Family*, 52, 1127-1135.

Gurman, A.S., & Kniskern, D.P. (1977). Enriching research on marital enrichment programs. *Journal of Marriage and Family Counseling*, 3, 3-11.

Hafen, H. J., & Crane, D.R. (2003). When marital interaction and intervention researchers arrive at different points of view: The active listening controversy. *Journal of Family Therapy*, 25, 4-14.

Hahlweg, K. (1995). *Self-report marital assessment*. Gottingen, Germany: Hogrefe.

Hahlweg, K., & Markman, H.J. (1988). The effectiveness of behavioral marital therapy: Empirical status of behavioral techniques in preventing and alleviating marital distress. *Journal of Consulting and Clinical Psychology*, 56, 440-447.

Hahlweg, K., Markman, H.J., Thurmaier, F., Engl, J., & Eckert, V. (1998). Prevention of marital distress: Results of a German prospective longitudinal study. *Journal of Family Psychology*, 12, 543 – 556.

Hahlweg, K., Revenstorf, D., & Schindler, L. (1982). Treatment of marital distress:

- Comparing formats and modalities. *Advances in Behavior Research and Therapy*, 4, 57-74.
- Hahlweg, K., Schindler, L., Revenstorf, D., & Brengelmann, J.C. (1984). The Munich marital therapy study. In K. Hahlweg & N.S. Jacobson (Eds.), *Marital interaction: Analysis and modification* (pp. 3-26). New York, NY: Guilford Press.
- Halford, K.W. (1998). The ongoing evolution of behavioral couples therapy: Retrospect and prospect. *Clinical Psychology Review*, 18, 613-633.
- Halford, K.W., & Behrens, B.C. (1996). Prevention of marital difficulties. In P. Cotton & H. Jackson (Eds.), *Early intervention and prevention in mental health* (pp. 21-58). Sydney, Australia: The Australian Psychological Society, Ltd.
- Halford, K.W., Sanders, M.R., & Behrens, B.C. (1993). A comparison of the generalization of behavioral marital therapy and enhanced behavioral marital therapy. *Journal of Consulting and Clinical Psychology*, 61, 51-60.
- Halford, K.W., Sanders, M.R., & Behrens, B.C. (2001). Can skills training prevent relationship problems in at-risk couples? Four-year effects of a behavioral relationship education program. *Journal of Family Psychology*, 15, 750-768.
- Hawley, D.R., & Olson, D.H. (1995). Enriching newlyweds: An evaluation of three enrichment programs. *The American Journal of Family Therapy*, 23, 129-147.
- Hendrix, H., & Hunt, H. (1999). Imago relationship therapy: Creating a conscious marriage or relationship. In R. Berger & M.T. Hannah (Eds.), *Preventive approaches in couples therapy* (pp. 169-195). Philadelphia, PA: Brunner/Mazel.

- Hof, L., & Miller, W.R. (1981). Marriage enrichment. *Marriage and Family Review*, 3, 1-27.
- Huber, B., & Milstein, B. (1985). Cognitive restructuring and a collaborative set in couples' work. *American Journal of Family Therapy*, 13, 17-27.
- Jacobson, N.S. (1989). The maintenance of treatment gains following social learning-based marital therapy. *Behavior Therapy*, 20, 325-336.
- Jacobson, N.S., & Addis, M.E. (1993). Research on couples and couple therapy: What do we know, where are we going? *Journal of Consulting and Clinical Psychology*, 61, 85-93.
- Jacobson, N.S., Follette, W.C., Revenstorf, D., Baucom, D.H., Hahlweg, K., & Margolin, G. (1984). Variability in outcome and clinical significance of behavioral marital therapy: Analysis of outcome data. *Journal of Consulting and Clinical Psychology*, 52, 497-504.
- Jacobson, N.S., & Margolin, G. (1979). *Marital therapy: Strategies based on social learning and behavior exchange principles*. New York, NY: Brunner/Mazel.
- Jessee, R.E., & Guerney, B.G. (1981). A comparison of Gestalt and Relationship Enhancement treatments with married couples. *The American Journal of Family Therapy*, 10, 31-41.
- John, O.P., & Donahue, E.M. (1994). *The Big Five Inventory: Technical report of the 44-item version*. Berkeley, CA: Institute of Personality Assessment and Research, University of California.
- John, O.P., Donahue, E.M., & Kentle, R.L. (1991). *The Big Five Inventory: Versions 4a*

- and 54. Berkeley, CA: Institute of Personality Assessment and Research, University of California.
- Johnson, S.M., & Greenberg, L.S. (1985a). Emotionally focused couples therapy: An outcome study. *Journal of Marital and Family Therapy*, 11, 313-317.
- Johnson, S.M., & Greenberg, L.S. (1985b). Differential effects of experiential and problem-solving interventions in resolving marital conflict. *Journal of Consulting and Clinical Psychology*, 53, 175-184.
- Jones, R.G. (1968). *A factored measure of Ellis' irrational belief system, wish personality and maladjustment correlates*. Unpublished doctoral dissertation, Texas Technological College.
- Kaiser, A., Hahlweg, K., Fehm-Wolfsdorf, G., & Groth, T. (1998). The efficacy of a compact psychoeducational group training program for married couples. *Journal of Consulting and Clinical Psychology*, 66, 753-760.
- Karney, B.R., & Bradbury, T.N. (1995). The longitudinal course of marital quality and stability: A review of theory, method, and research. *Psychological Bulletin*, 118, 3-34.
- Kashy, D.A., & Snyder, D.K. (1995). Measurement and data analytic issues in couples research. *Psychological Assessment*, 7, 338-348.
- Kelly, A.B., & Fincham, F.D. (1999). Preventing marital distress: What does research offer? In R. Berger & M.T. Hannah (Eds.) *Preventive approaches in couples therapy* (pp. 361-390). Philadelphia, PA: Brunner/Mazel.
- LeCroy, C.W., Carrol, P., Nelson-Becker, H., & Sturlaugson, P. (1989). An

experimental evaluation of the caring days technique for marital enrichment.

*Family Relations*, 38, 15-18.

Lindahl, K.M., Malik, N.M., & Bradbury, T.N. (1997). The developmental course of couples' relationships. In W.K. Halford & H. J. Markman (Eds.), *Clinical handbook of marriage and couples interventions* (pp. 203-223). New York, NY: John Wiley & Sons Ltd.

Margolin, G., Talovic, S., & Weinstein, C.D. (1983). Areas of Change Questionnaire: A practical approach to marriage assessment. *Journal of Consulting and Clinical Psychology*, 51, 920-931.

Markman, H.J., & Floyd, F. (1981). Possibilities for the prevention of marital discord: A behavioral perspective. *American Journal of Family Therapy*, 9, 30-48.

Markman, H.J., Floyd, F.J., Stanley, S.M., & Lewis, H. (1986). Prevention. In N. Jacobson & A. Gurman (Eds.), *Clinical handbook of marital therapy* (pp. 173-195). New York, NY: Guilford.

Markman, H.J., Floyd, F.J., Stanley, S.M., & Storaasli, R.D. (1988). Prevention of marital distress: A longitudinal investigation. *Journal of Consulting and Clinical Psychology*, 56, 210-217.

Markman, H.J., & Hahlweg, K. (1993). The prediction and prevention of marital distress: An international perspective. *Clinical Psychology Review*, 13, 29-43.

Markman, H.J., Halford, W.K., & Cordova, A.D. (1997). A grand tour of future directions in the study and promotion of healthy relationships. In W.K. Halford & H.J. Markman (Eds.), *Clinical handbook of marriage and couples*



- interventions* (pp. 595- 716). New York, NY: John Wiley & Sons. Ltd.
- Markman, H.J., Jamieson, K., & Floyd, F. (1983). The assessment and modification of premarital relationships: Preliminary findings on the etiology and prevention of marital and family distress. *Advances in Family Intervention*, 3, 41-90.
- Markman, H.J., Renick, M.J., Floyd, F.J., Stanley, S.M., & Clements, M. (1993). Preventing marital distress through communication and conflict management training: A 4- and 5-year follow-up. *Journal of Consulting and Clinical Psychology*, 61, 70-77.
- Markman, H.J., Stanley, S., & Blumberg, S.L. (2001). *Fighting for your marriage: new and revised*. San Francisco: Jossey Bass, Inc.
- Matthews, L.S., Wickrama, K.A.S., & Conger, R.D. (1996). Predicting marital instability from spouse and observer reports of marital interaction. *Journal of Marriage and the Family*, 58, 641-655.
- Miller, S., & Sherrard, P.A.D. (1999). COUPLE COMMUNICATION: A system for equipping partners to talk, listen, and resolve conflicts effectively. In R. Berger & M.T. Hannah (Eds.) *Preventive approaches in couples therapy* (pp. 125-148). Philadelphia, PA: Brunner/Mazel.
- Parrott, L., & Parrott, L. (1999). Preparing couples for marriage: The SYMBIS Model. In R. Berger & M.T. Hannah (Eds.) *Preventive approaches in couples therapy* (pp. 237-254). Philadelphia, PA: Brunner/Mazel.
- Radloff, L.S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.

- Ridley, C.A., Jorgensen, S.R., Morgan, A.C., & Avery, A.W. (1982). Relationship Enhancement with premarital couples: An assessment of effects on relationship quality. *The American Journal of Family Therapy*, 10, 42-48.
- Rogge, R.M., & Bradbury, T.N. (1999). Recent advances in the prediction of marital outcomes. In R. Berger & M.T. Hannah, (Eds.) *Preventive approaches in couples therapy* (pp. 331-360). Philadelphia, PA: Brunner/Mazel.
- Russell, M.N., & Lyster, R.F. (1992). Marriage preparation: Factors associated with consumer satisfaction. *Family Relations*, 41, 446-451.
- Safren, S.A., Heimberg, R.G., Brown, E.J., & Holle, C. (1996-1997). Quality of life in social phobia. *Depression and Anxiety*, 4, 126-133.
- Sayers, S.L., Kohn, C.S., & Heavey, C. (1998). Prevention of marital dysfunction: Behavioral approaches and beyond. *Clinical Psychology Review*, 18, 713-744.
- Shadish, W.R., Montgomery, L.M., Wilson, R., Wilson, M.R., Bright, I., & Okwumabua, T. (1993). Effects of family and marital psychotherapies: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 61, 992-1002.
- Silliman, B., & Schumm, W.R. (1989). Topics of interest in premarital counseling: Clients' views. *Journal of Sex & Marital Therapy*, 15, 199-206.
- Silliman, B., & Schumm, W.R. (1999). Improving practice in marriage preparation. *Journal of Sex & Marital Therapy*, 25, 23-43.
- Smith, R.M., Schoffner, S.M., & Scott, J.P. (1979). Marriage and family enrichment: A new professional area. *The Family Coordinator*, 28, 87-93.
- Snyder, D.K. (1982). Advances in marital assessment: Behavioral, communications, and

- psychometric approaches. In C.D. Spielberger & J.N. Butcher (Eds.), *Advances in personality assessment* (Vol. 1, pp. 169-201). Hillsdale, NJ: Erlbaum.
- Snyder, D.K. (1997). *Manual for the Marital Satisfaction Inventory – Revised*. Los Angeles, CA: Western Psychological Associates.
- Snyder, D.K. (1999a). Affective reconstruction in the context of a pluralistic approach to couple therapy. *Clinical Psychology: Science and Practice*, 6, 348-365.
- Snyder, D.K. (1999b). Pragmatic couple therapy: An informed pluralistic approach. In D.M. Lawson & F.F. Prevatt (Eds.), *Casebook in family therapy* (pp. 81-110). Pacific Grove, CA: Brooks/Cole.
- Snyder, D.K., & Aikman, G.A. (1999). The Marital Satisfaction Inventory – Revised. In M. E. Maruish (Ed.), *Use of psychological testing for treatment planning and outcomes assessment* (pp. 1173-1210) (2<sup>nd</sup> ed.). Mahwah, NJ: Erlbaum.
- Snyder, D.K., Mangrum, L.F., & Wills, R.M. (1993). Predicting couple's response to marital therapy: A comparison of short- and long-term predictors. *Journal of Consulting and Clinical Psychology*, 61, 61-69.
- Snyder, D.K., & Wills, R.M. (1989). Behavioral versus insight-oriented marital therapy: Effects of individual and interspousal functioning. *Journal of Consulting and Clinical Psychology*, 57, 39-46.
- Snyder, D.K., Wills, R.M., & Grady-Fletcher, A. (1991). Long-term effectiveness of behavioral versus insight-oriented marital therapy. *Journal of Consulting and Clinical Psychology*, 59, 138-141.
- Stanley, S.M., Blumberg, S.L., & Markman, H.J. (1999). Helping couples fight for their

- marriages: The PREP approach. In R. Berger & M.T. Hannah (Eds.), *Preventive approaches in couples therapy* (pp. 279-303). Philadelphia, PA: Brunner/Mazel.
- Stanley, S.M., & Markman, H.J. (1992). Assessing commitment in personal relationships. *Journal of Marriage and the Family*, 54, 595-608.
- Stanley, S.M., Markman, H.J., Prado, L.M., Olmos-Gallo, P.A., Tonelli, L., St. Peters, M., Leber, D., Bobulinski, M., Cordova, A., & Whitton, S.W. (2001). Community-based premarital prevention: Clergy and lay leaders on the front lines. *Family Relations*, 50, 67-76.
- Stanley, S.M., Markman, H.J., St. Peters, M., & Leber, D. (1995). Strengthening marriages and preventing divorce: New directions in prevention research. *Family Relations*, 44, 392-401.
- Van Widenfelt, B., Markman, H.J., Guernsey, B., Behrens, B.C., & Hosman, C. (1997). Prevention of relationship problems. In W.K. Halford & H.J. Markman (Eds.), *Clinical handbook of marriage and couples interventions* (pp. 651-775). New York, NY: John Wiley & Sons, Ltd.
- Weiss, R.L., & Birchler, G.R. (1975). *Areas of Change Questionnaire*. Unpublished manuscript, University of Oregon.
- Williams, L.M., Riley, L.A., Risch, G.S., & VanDyke, D.T. (1999). An empirical approach to designing marriage preparation programs. *The American Journal of Family Therapy*, 27, 271-283.

## APPENDIX A

## TABLES

Table 1

*Sociodemographics of the Sample (F-tests between Completers and Attriters)*

	<u>Total<sup>a</sup></u>		<u>Completers<sup>b</sup></u>		<u>Attriters<sup>c</sup></u>		<u>F</u>
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)	(df = 1, 52)
Age							
Men	39.70	(11.24)	37.44	(9.35)	43.00	(13.07)	3.33 <sup>+</sup>
Women	37.81	(11.19)	36.41	(8.94)	39.86	(13.80)	1.25
Education							
Men	16.52	(2.83)	17.03	(2.95)	15.77	(2.52)	2.66 <sup>+</sup>
Women	16.37	(2.54)	16.88	(2.69)	15.63	(2.13)	3.24 <sup>+</sup>
Satisfaction							
Men	7.24	(1.24)	7.22	(1.33)	7.27	(1.13)	.03
Women	7.21	(1.28)	7.19	(1.41)	7.23	(1.08)	.01
Years Married	11.55	(10.48)	12.31	(10.96)	8.89	(9.36)	.87
# Children	1.45	(1.10)	1.44	(1.13)	1.73	(1.20)	.81

*Note.* MANOVA  $F(8, 45) = 2.23, p < .05$ . Satisfaction = Participants' pretreatment rating of overall marital satisfaction. Ratings ranged from 1 (not at all satisfied) to 10 (completely satisfied). Standard deviations in parentheses.

<sup>a</sup> $n = 55$ . <sup>b</sup> $n = 32$ . <sup>c</sup> $n = 23$ .

<sup>+</sup> $p < .10$  \* $p < .05$  \*\* $p < .01$

Table 2

*Sociodemographics of the Sample (Chi-Squares between Attriters and Completers)*

	<u>Total<sup>a</sup></u>		<u>Completers<sup>b</sup></u>		<u>Attriters<sup>c</sup></u>		$\chi^2$
	Frequency	Percent	Frequency	Percent	Frequency	Percent	
Ethnicity							
Men							4.60
Caucasian	49	90.7	31	96.9	18	81.8	
Black	1	1.9	0	0	1	4.5	
Hispanic	2	3.7	0	0	2	9.1	
Other	2	3.7	1	3.1	1	4.5	
Women							6.59*
Caucasian	49	92.5	32	94.7	17	81.0	
Black	1	1.9	0	0	1	4.8	
Hispanic	3	5.7	0	0	3	14.3	
Other	0	0	0	0	0	0	
Occupation							
Men							6.41 <sup>+</sup>
Professional	29	53.7	20	62.5	9	40.9	
Clerical/Technical	13	24.1	4	12.5	9	40.9	
Manual Labor/ Machinist	7	13.0	4	12.5	3	13.6	
Homemaker/ Student/ Retired	5	9.3	4	12.5	1	4.5	

Table 2 Continued

	<u>Total<sup>a</sup></u>		<u>Completers<sup>b</sup></u>		<u>Attriters<sup>c</sup></u>		$\chi^2$
	Frequency	Percent	Frequency	Percent	Frequency	Percent	
Women							2.73
Professional	19	35.8	13	40.6	6	28.6	
Clerical/Technical	23	43.4	11	34.4	12	57.1	
Manual Labor/ Machinist	0	0	0	0	0	0	
Homemaker/ Student/ Retired	11	20.8	8	25.0	3	14.3	

Note. <sup>a</sup>  $n = 55$ . <sup>b</sup>  $n = 32$ . <sup>c</sup>  $n = 23$ .

<sup>+</sup>  $p < .10$  \* $p < .05$  \*\* $p < .01$

Table 3

*Risk Factors Endorsed by the Couples (Chi-Squares between Attriters and Completers)*

	<u>Total<sup>a</sup></u>		<u>Completers<sup>b</sup></u>		<u>Attriters<sup>c</sup></u>		$\chi^2$
	Frequency	Percent	Frequency	Percent	Frequency	Percent	
Divorce History							
Men	15	28.3	4	12.5	11	52.4	9.94**
Women	14	26.4	4	12.5	10	47.6	8.05**
Therapy History							
Men	15	29.4	8	21.6	7	50	3.94*
Women	23	45.1	15	48.5	8	40.00	.36
Couple Factors							
Aggression History	10	19.6	1	3.2	9	45.00	13.46**
Affair History	5	9.8	2	6.5	3	15.00	1.01
Separation History	12	23.5	4	12.9	8	40.00	4.96*
Alcohol or Drug History	11	21.6	7	22.6	4	20.0	.05

*Note.*

<sup>a</sup>  $n = 55$ . <sup>b</sup>  $n = 32$ . <sup>c</sup>  $n = 23$ .

<sup>+</sup>  $p < .10$  \* $p < .05$  \*\* $p < .01$



Table 4

*Personality Characteristics of the Sample on the BFI (F-tests between Completers and Attriters)*

	<u>Total<sup>a</sup></u>		<u>Completers<sup>b</sup></u>		<u>Attriters<sup>c</sup></u>		<u>F</u>
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)	(df = 1, 53)
Agreeableness SR							
Men	3.86	(.75)	3.94	(.65)	3.75	(.88)	.80
Women	4.09	(.75)	4.01	(.80)	4.21	(.68)	.93
Openness SR							
Men	3.84	(.75)	3.92	(.77)	3.72	(.72)	.99
Women	4.12	(.73)	4.24	(.72)	3.94	(.73)	2.30
Extroversion SR							
Men	3.36	(1.10)	3.37	(.97)	3.34	(1.29)	.01
Women	3.47	(.94)	3.34	(.95)	3.63	(.92)	1.23
Conscientiousness SR							
Men	4.00	(.83)	3.97	(.71)	4.03	(.98)	.07
Women	3.77	(.86)	3.88	(.86)	3.61	(.87)	1.31
Emotional Stability SR							
Men	3.36	(.96)	3.62	(.93)	3.01	(.90)	6.01**
Women	3.76	(.86)	2.58	(1.07)	2.84	(.85)	.96
Agreeableness PR							
Men	3.84	(1.06)	4.09	(1.00)	3.49	(1.07)	4.65*
Women	3.63	(1.09)	3.86	(1.17)	3.32	(.91)	3.43 <sup>+</sup>

Table 4 Continued

	<u>Total</u> <sup>a</sup>		<u>Completers</u> <sup>b</sup>		<u>Attriters</u> <sup>c</sup>		<u>F</u>
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)	(df = 1, 53)
Openness PR							
Men	3.82	(1.06)	4.05	(.94)	3.50	(1.16)	3.76*
Women	3.80	(.94)	3.78	(.90)	3.84	(1.01)	.05
Extroversion PR							
Men	3.66	(1.09)	3.63	(1.01)	3.69	(1.21)	.05
Women	3.33	(1.40)	3.39	(1.30)	3.26	(1.54)	.12
Conscientiousness PR							
Men	3.64	(.90)	3.67	(.72)	3.61	(1.12)	.06
Women	3.79	(.98)	3.79	(1.07)	3.78	(.84)	.00
Emotional Stability PR							
Men	2.34	(1.05)	2.41	(1.10)	2.26	(1.00)	.27
Women	3.25	(1.13)	3.50	(1.18)	2.90	(.99)	3.90

*Note.* MANOVA for Dropout  $F(20,34) = 1.16, p = \text{n.s.}$  SR = Subject's ratings of their own personality traits. PR = Subject's ratings of their partner's personality traits. Standard deviations in parentheses.

<sup>a</sup>  $n = 54$ . <sup>b</sup>  $n = 32$ . <sup>c</sup>  $n = 22$ .

<sup>+</sup>  $p < .10$  \* $p < .05$  \*\* $p < .01$

Table 5

*Intrapersonal Characteristics of the Sample ( $F$ -tests between Completers and Attriters)*

	<u>Total<sup>a</sup></u>		<u>Completers<sup>b</sup></u>		<u>Attriters<sup>c</sup></u>		<u>F</u>
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)	(df = 1, 53)
CES-D Total							
Men	.63	(.49)	.53	(.48)	.75	(.48)	2.57
Women	.63	(.50)	.67	(.54)	.58	(.45)	.36
CES-D DA							
Men	.49	(.59)	.36	(.59)	.66	(.55)	3.69 <sup>+</sup>
Women	.65	(.69)	.71	(.73)	.57	(.65)	.55
CES-D IPC							
Men	.38	(.51)	.31	(.41)	.48	(.61)	1.43
Women	.31	(.50)	.39	(.59)	.20	(.33)	2.04
CES-D PA							
Men	2.30	(.67)	2.41	(.65)	2.15	(.67)	1.98
Women	2.33	(.64)	2.32	(.62)	2.35	(.69)	.03
CES-D SC							
Men	.75	(.62)	.65	(.56)	.89	(.67)	2.10
Women	.72	(.56)	.77	(.60)	.64	(.51)	.61
QOL Total							
Men	20.83	(19.98)	22.75	(21.54)	18.15	(17.76)	.71
Women	22.19	(20.92)	22.10	(22.74)	22.35	(15.63)	.09

*Note.* MANOVA for Dropout  $F(12, 42) = 1.09$ ,  $p = \text{n.s.}$  CES-D Total = Total Score; CES-D

DA = Depressed Affect; CES-D IPC = Interpersonal Concerns; CES-D PA = Positive Affect;

Table 5 Continued

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CES-D SC = Somatic Complaints; QOL Total = Quality of Life Total Score. Standard deviations in parentheses.

<sup>a</sup>  $n = 55$ . <sup>b</sup>  $n = 32$ . <sup>c</sup>  $n = 23$ .

<sup>+</sup>  $p < .10$  \* $p < .05$  \*\* $p < .01$

Table 6

*Mean T-Scores on the Marital Satisfaction Inventory-Revised (MSI-R) ( $F$ -tests between Completers and Attriters)*

	<u>Total</u> <sup>a</sup>		<u>Completers</u> <sup>b</sup>		<u>Attriters</u> <sup>c</sup>		<u>F</u>
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)	(df = 1, 53)
INC							
Men	53.11	(7.94)	50.19	(7.78)	57.17	(6.30)	12.60**
Women	53.18	(8.50)	50.78	(8.29)	56.52	(7.78)	6.75**
CNV							
Men	42.95	(8.94)	45.19	(8.75)	39.83	(8.41)	5.19*
Women	44.11	(6.13)	44.81	(5.68)	43.13	(6.72)	1.01
GDS							
Men	58.60	(9.35)	55.75	(9.76)	62.57	(7.21)	8.04**
Women	56.85	(7.07)	55.69	(7.69)	58.47	(5.90)	2.13
AFC							
Men	55.93	(9.20)	53.38	(9.62)	59.48	(7.39)	6.49**
Women	56.11	(7.32)	56.00	(7.63)	56.26	(7.04)	.02
PSC							
Men	57.33	(9.19)	54.34	(9.75)	61.48	(6.53)	9.30**
Women	57.00	(8.36)	55.28	(8.97)	59.39	(6.91)	3.38 <sup>+</sup>
AGG							
Men	50.96	(10.81)	48.22	(8.62)	54.78	(12.50)	5.33*
Women	50.51	(11.06)	46.81	(8.95)	55.65	(11.82)	9.97**

Table 6 Continued

	<u>Total</u> <sup>a</sup>		<u>Completers</u> <sup>b</sup>		<u>Attriters</u> <sup>c</sup>		<u>F</u>
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)	(df = 1, 53)
TTO							
Men	56.58	(8.73)	56.47	(9.09)	56.74	(8.42)	.01
Women	55.78	(8.69)	55.88	(7.74)	55.65	(10.04)	.01
FIN							
Men	52.47	(11.30)	50.28	(10.49)	55.52	(11.90)	2.99 <sup>+</sup>
Women	50.93	(8.77)	50.38	(8.85)	51.70	(8.79)	.30
SEX							
Men	52.91	(10.33)	52.97	(11.33)	52.83	(9.02)	.00
Women	53.11	(9.05)	54.22	(8.91)	51.57	(9.22)	1.15
ROR							
Men	51.76	(7.39)	52.84	(8.16)	50.26	(6.02)	1.65
Women	51.85	(6.99)	53.38	(6.23)	49.74	(7.58)	3.81*
FAM							
Men	51.04	(10.19)	49.78	(9.91)	52.78	(10.52)	1.17
Women	53.89	(9.90)	54.91	(9.92)	52.48	(9.92)	.80
DSC							
Men	48.76	(9.94)	46.27	(9.05)	52.19	(10.36)	4.44*
Women	49.42	(10.68)	46.86	(10.51)	53.00	(10.18)	2.17
CCR							
Men	52.29	(9.24)	50.41	(9.57)	54.88	(8.38)	3.48 <sup>+</sup>
Women	53.00	(10.29)	51.00	(10.19)	55.80	(10.10)	2.39

Table 6 Continued

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*Note.* MANOVA for Dropout  $F(22, 32) = 3.48, p < .05$ . (MANOVA did not include DSC or CCR subscales due to unequal distribution of N for these subscales). INC = Inconsistency; CNV = Conventionalization; GDS = Global Distress; AFC = Affective Communication; PSC = Problem-Solving Communication; AGG = Aggression; TTO = Time Together; FIN = Disagreement About Finances; SEX = Sexual Dissatisfaction; ROR = Role Orientation; FAM = Family History of Distress; DSC = Dissatisfaction with Children; CCR = Conflict Over Child Rearing.

<sup>a</sup>  $n = 55$  (36 for DSC and CCR). <sup>b</sup>  $n = 32$  (21 for DSC and CCR). <sup>c</sup>  $n = 23$  (14 for DSC and CCR).

<sup>+</sup>  $p < .10$  \* $p < .05$  \*\* $p < .01$

Table 7

*Partnership Questionnaire, Areas of Change, Problem List, and Commitment Scale**Scores of the Sample ( $F$ -test between Completers and Attriters)*

	<u>Total</u> <sup>a</sup>		<u>Completers</u> <sup>b</sup>		<u>Attriters</u> <sup>c</sup>		<u>F</u>
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)	(df = 1, 53)
PQ Total							
Men	2.04	(.48)	2.12	(.51)	1.94	(.40)	1.92
Women	2.13	(.47)	2.19	(.52)	2.05	(.40)	1.11
PQ Quarrelling							
Men	1.03	(.56)	.89	(.56)	1.23	(.50)	5.62*
Women	.99	(.70)	.84	(.60)	1.19	(.78)	3.59 <sup>+</sup>
PQ Tenderness							
Men	1.42	(.69)	1.46	(.72)	1.38	(.65)	.16
Women	1.66	(.64)	1.66	(.61)	1.64	(.69)	.01
PQ Togetherness and Communication							
Men	1.74	(.54)	1.80	(.55)	1.66	(.52)	.85
Women	1.72	(.60)	1.74	(.59)	1.70	(.62)	.07
ACQ Requested							
Men	21.87	13.42	17.10	10.18	28.52	14.73	11.58**
Women	25.13	11.15	25.59	11.42	24.49	10.97	.13
ACQ Perceived							
Men	26.29	12.31	22.97	12.19	30.90	11.15	6.07**
Women	23.86	11.94	22.87	10.39	25.22	13.94	.51



Table 7 Continued

	<u>Total</u> <sup>a</sup>		<u>Completers</u> <sup>b</sup>		<u>Attriters</u> <sup>c</sup>		<u>F</u>
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)	(df = 1, 53)
Problem List Total							
Men	3.09	(2.88)	2.46	(2.67)	3.95	(3.01)	6.79**
Women	4.23	(3.83)	3.71	(3.41)	5	(4.37)	.59
Commitment Total							
Men	5.36	(.78)	5.45	(.83)	5.23	(.70)	1.08
Women	5.43	(.67)	5.58	(.59)	5.23	(.74)	3.88*

*Note.* MANOVA for Dropout  $F(16, 38) = 1.31, p = \text{n.s.}$  PQ Total = Partnership Questionnaire Total Score; PQ Quarrelling = Partnership Questionnaire Quarrelling Score; PQ Tenderness = Partnership Questionnaire Tenderness Score; PQ Togetherness and Communication = Partnership Questionnaire Togetherness and Communication Score; ACQ Requested = Amount of change subject is requesting of spouse; ACQ Perceived = Amount of change subject believes their spouse would request of them if asked; Problem List Total = Problem List Questionnaire Total Score; Commitment Total = Commitment Scale Abridged Total Score. Standard deviations in parentheses:

<sup>a</sup>  $n = 55$ . <sup>b</sup>  $n = 32$ . <sup>c</sup>  $n = 23$ .

<sup>+</sup>  $p < .10$  \* $p < .05$  \*\* $p < .01$

Table 8

*Personality Characteristics of the Sample (Means and Standard Deviations for BFI for Time 1, Time 2, and Time 3)<sup>a</sup>*

	<u>Time 1</u>		<u>Time 2</u>		<u>Time 3</u>	
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)
Agreeableness SR						
Men	3.94	(.65)	4.01	(.73)	4.01	(.65)
Women	4.01	(.80)	4.04	(.70)	4.16	(.64)
Openness SR						
Men	3.92	(.77)	4.06	(.68)	4.02	(.80)
Women	4.24	(.72)	4.18	(.77)	4.15	(.77)
Extroversion SR						
Men	3.37	(.97)	3.35	(.89)	3.29	(.89)
Women	3.35	(.95)	3.51	(.91)	3.40	(.97)
Conscientiousness SR						
Men	3.97	(.71)	4.1	(.77)	4.01	(.83)
Women	3.88	(.86)	3.90	(.88)	3.80	(.93)
Emotional Stability SR						
Men	3.62	(.93)	3.67	(1.03)	3.55	(.86)
Women	2.58	(1.07)	2.66	(1.06)	2.84	(.99)
Agreeableness PR						
Men	4.09	(1.00)	4.23	(.89)	4.34	(.96)
Women	3.86	(1.17)	3.91	(1.19)	3.86	(1.19)

Table 8 Continued

	<u>Time 1</u>		<u>Time 2</u>		<u>Time 3</u>	
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)
Openness PR						
Men	4.05	(.94)	4.01	(.87)	4.14	(.93)
Women	3.78	(.90)	3.88	(1.07)	3.89	(1.03)
Extroversion PR						
Men	3.63	(1.01)	3.60	(.91)	3.62	(.92)
Women	3.39	(1.30)	3.41	(1.33)	3.41	(1.33)
Conscientiousness PR						
Men	3.67	(.72)	3.75	(.97)	3.59	(1.08)
Women	3.79	(1.07)	3.90	(1.02)	3.74	(1.35)
Emotional Stability PR						
Men	2.41	(1.10)	2.63	(.92)	2.63	(.92)
Women	3.50	(1.18)	3.59	(1.23)	3.52	(1.26)

*Note.* SR = Subject's ratings of their own personality traits; PR = Subject's ratings of their partner's personality traits. Standard deviations in parentheses.

<sup>a</sup> n = 32.

Table 9

*Personality Characteristics of the Sample (Repeated Measures ANOVAs for BFI)<sup>a</sup>*

	<u>Gender</u>		<u>Time</u>		<u>Time 1</u> <u>to</u> <u>Time 2</u>	<u>Time 2</u> <u>to</u> <u>Time 3</u>	<u>Time 1</u> <u>to</u> <u>Time 3</u>	<u>Interaction</u>	
	(df = 1, 31)		(df = 2, 62)					(df = 2, 62)	
	<u>F</u>	<u><math>\eta^2</math></u>	<u>F</u>	<u><math>\eta^2</math></u>	<u>t</u>	<u>t</u>	<u>t</u>	<u>F</u>	<u><math>\eta^2</math></u>
Agreeableness SR	.23	(.00)	1.35	(.04)	-.65	-.94	-1.85 <sup>+</sup>	.47	(.63)
Openness SR	.91	(.03)	1.61	(.05)	-1.50	1.79 <sup>+</sup>	.36	.62	(.02)
Extroversion SR	.11	(.00)	.76	(.02)	-.94	.97	.26	.93	(.03)
Conscientiousness SR	1.59	(.05)	.12	(.00)	-.44	.39	-.02	1.53	(.05)
Emotional Stability SR	18.04**	(.37)	1.05	(.03)	-.94	-.45	-1.37	2.71	(.08)
Agreeableness PR	1.63	(.05)	1.53	(.05)	-1.35	-.46	-1.54	1.95	(.06)
Openness PR	.33	(.01)	1.63	(.05)	-1.43	1.58	.68	.02	(.00)
Extroversion PR	.53	(.02)	.02	(.00)	.05	-.16	-.17	.05	(.00)
Conscientiousness PR	.87	(.03)	.87	(.03)	-.37	-.91	-1.31	.53	(.02)
Emotional Stability PR	12.05**	(.28)	2.01	(.06)	-1.43	1.58	.68	.56	(.02)

*Note.* BFI- SR MANOVA for Time  $\underline{F}(10, 116) = .97, p = \text{n.s.}, \underline{\eta}^2 = .08$ . MANOVA for Gender  $\underline{F}(5, 27) = 4.17, p < .05, \underline{\eta}^2 = .44$ . MANOVA for Interaction  $\underline{F}(10, 116) = 1.51, p = \text{n.s.}, \underline{\eta}^2 = .12$ . BFI- PR MANOVA for Time  $\underline{F}(10, 116) = 1.07, p = \text{n.s.}, \underline{\eta}^2 = .09$ . MANOVA for Gender  $\underline{F}(5, 27) = 3.23, p < .05, \underline{\eta}^2 = .37$ . MANOVA for Interaction  $\underline{F}(10, 116) = .53, p = \text{n.s.}, \underline{\eta}^2 = .04$ . SR = Subject's ratings of their own personality traits; PR = Subject's ratings of their partner's personality traits. Effect sizes as indicated by variance explained ( $\underline{\eta}^2$ ) in parentheses.

<sup>a</sup>  $\underline{n} = 32$ .

<sup>+</sup>  $p < .10$  \* $p < .05$  \*\* $p < .01$

Table 10

*Intrapersonal Characteristics of the Sample (Means and Standard Deviations for CES-D and Quality of Life Scale for Time 1, Time 2, and Time 3)<sup>a</sup>*

	<u>Time 1</u>		<u>Time 2</u>		<u>Time 3</u>	
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)
CES-D Total						
Men	.54	(.49)	.54	(.48)	.53	(.57)
Women	.69	(.54)	.64	(.53)	.68	(.70)
CES-D DA						
Men	.37	(.60)	.41	(.59)	.44	(.70)
Women	.73	(.73)	.63	(.69)	.65	(.84)
CES-D IPC						
Men	.32	(.42)	.24	(.50)	.32	(.54)
Women	.40	(.60)	.39	(.56)	.56	(.83)
CES-D PA						
Men	2.43	(.65)	2.44	(.66)	2.35	(.69)
Women	2.30	(.61)	2.35	(.62)	2.40	(.67)
CES-D SC						
Men	.65	(.57)	.70	(.61)	.61	(.62)
Women	.79	(.60)	.69	(.54)	.77	(.79)
QOL Total						
Men	.84	(.75)	.97	(.71)	.98	(.74)
Women	.75	(.88)	.92	(.76)	.97	(.80)

*Note.* CES-D Total = CES-D Total Score; CES-D DA = CES-D Depressed Affect; CES-D IPC = CES-D Interpersonal Concerns; CES-D PA = CES-D Positive Affect; CES-D SC = CES-D

Table 10 Continued

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Somatic Complaints; QOL Total = Quality of Life Total Score. Standard deviations in parentheses.

<sup>a</sup> n = 31.

Table 11

*Intrapersonal Characteristics of the Sample (Repeated Measures ANOVAs for CES-D and Quality of Life Scale)<sup>a</sup>*

	<u>Gender</u>		<u>Time</u>		<u>Time 1 to</u> <u>Time 2</u>	<u>Time 2 to</u> <u>Time 3</u>	<u>Time 1 to</u> <u>Time 3</u>	<u>Interaction</u>	
	(df = 1, 30)		(df = 2, 60)					(df = 2, 60)	
	<u>F</u>	<u>η<sup>2</sup></u>	<u>F</u>	<u>η<sup>2</sup></u>	<u>ℓ</u>	<u>ℓ</u>	<u>ℓ</u>	<u>F</u>	<u>η<sup>2</sup></u>
CES-D Total	2.33	(.07)	.06	(.00)	.41	-.15	.18	.14	(.01)
CES-D DA	6.05*	(.17)	.07	(.00)	-.39	.26	-.17	.68	(.02)
CES-D IPC	2.13	(.07)	1.71	(.05)	.97	-1.63	-1.03	.65	(.02)
CES-D PA	.19	(.01)	.09	(.00)	-.39	.26	-.17	.64	(.02)
CES-D SC	1.01	(.03)	.13	(.00)	.36	.10	.65	1.00	(.03)
QOL Total	.10	(.00)	4.51**	(.13)	-2.38*	-.44	-2.82**	.23	(.01)

*Note.* Intrapersonal Measures MANOVA for Time  $\underline{F}(12, 110) = 1.16$ ,  $p = \text{n.s.}$ ,  $\underline{\eta}^2 = .11$ .

MANOVA for Gender  $\underline{F}(6, 25) = 2.02$ ,  $p < .10$ ,  $\underline{\eta}^2 = .35$ . MANOVA for Interaction  $\underline{F}(12, 110) = 1.12$ ,  $p = \text{n.s.}$ ,  $\underline{\eta}^2 = .11$ . CES-D Total = CES-D Total Score; CES-D DA = CES-D Depressed Affect; CES-D IPC = CES-D Interpersonal Concerns; CES-D PA = CES-D Positive Affect; CES-D SC = CES-D Somatic Complaints; QOL Total = Quality of Life Total Score. Effect sizes as indicated by variance explained ( $\underline{\eta}^2$ ) in parentheses.

<sup>a</sup>  $n = 31$ .

<sup>+</sup>  $p < .10$  \* $p < .05$  \*\* $p < .01$ .

Table 12

*Marital Satisfaction Inventory-Revised (MSI-R) (Means and Standard Deviations for Time 1, Time 2, Time 3)*

	<u>Time 1</u>		<u>Time 2</u>		<u>Time 3</u>	
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)
INC <sup>a</sup>						
Men	50.47	(7.60)	51.40	(9.62)	47.37	(10.36)
Women	50.47	(8.42)	51.50	(9.62)	49.20	(8.72)
CNV <sup>b</sup>						
Men	45.19	(8.75)	47.97	(9.81)	47.75	(11.53)
Women	44.82	(5.68)	46.47	(6.33)	47.31	(7.57)
GDS <sup>a</sup>						
Men	54.93	(9.52)	51.80	(9.93)	51.27	(9.61)
Women	55.10	(7.57)	53.20	(7.43)	53.83	(8.76)
AFC <sup>a</sup>						
Men	52.97	(9.70)	50.97	(10.31)	50.40	(10.87)
Women	55.93	(7.60)	51.70	(7.49)	53.37	(9.55)
PSC <sup>a</sup>						
Men	53.90	(9.48)	51.30	(8.68)	48.33	(10.02)
Women	54.73	(8.98)	51.20	(7.85)	50.37	(10.11)
AGG <sup>a</sup>						
Men	47.50	(8.38)	48.10	(7.81)	47.57	(7.44)
Women	46.57	(9.18)	46.03	(7.75)	46.73	(7.66)



Table 12 Continued

	<u>Time 1</u>		<u>Time 2</u>		<u>Time 3</u>	
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)
TTO <sup>a</sup>						
Men	56.10	(8.97)	51.33	(10.33)	51.90	(12.13)
Women	55.77	(7.50)	49.93	(9.03)	51.27	(10.65)
FIN <sup>a</sup>						
Men	49.67	(10.54)	48.10	(11.10)	47.77	(9.10)
Women	49.60	(8.49)	47.77	(9.10)	47.60	(9.15)
SEX <sup>a</sup>						
Men	52.53	(11.57)	52.36	(11.61)	52.20	(10.75)
Women	53.87	(9.09)	50.97	(9.69)	51.33	(10.92)
ROR <sup>b</sup>						
Men	52.84	(8.16)	51.88	(7.66)	52.63	(7.13)
Women	53.38	(6.23)	52.78	(7.02)	53.34	(6.81)
FAM <sup>b</sup>						
Men	49.78	(9.91)	50.19	(9.30)	49.41	(9.61)
Women	54.91	(9.92)	54.47	(9.88)	54.66	(9.02)
DSC <sup>c</sup>						
Men	46.77	(9.85)	45.71	(8.26)	44.35	(10.49)
Women	48.59	(10.79)	47.82	(7.44)	47.35	(8.76)
CCR <sup>c</sup>						
Men	50.88	(9.14)	50.00	(7.42)	49.71	(8.73)
Women	50.06	(9.13)	51.47	(10.25)	47.12	(7.74)

Table 12 Continued

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*Note.* INC = Inconsistency; CNV = Conventionalization; GDS = Global Distress; AFC = Affective Communication; PSC = Problem-Solving Communication; AGG = Aggression; TTO = Time Together; FIN = Disagreement About Finances; SEX = Sexual Dissatisfaction; ROR = Role Orientation; FAM = Family History of Distress; DSC = Dissatisfaction with Children; CCR = Conflict Over Child Rearing. Standard deviations in parentheses.

<sup>a</sup>  $\underline{n} = 30$ . <sup>b</sup>  $\underline{n} = 32$ . <sup>c</sup>  $\underline{n} = 18$ .

Table 13

*Marital Satisfaction Inventory-Revised (MSI-R) (Repeated Measures ANOVAs for MSI-R Clinical Scales<sup>a</sup>)<sup>b</sup>*

	<u>Gender</u>		<u>Time</u>		<u>Time 1 to</u> <u>Time 2</u>	<u>Time 2 to</u> <u>Time 3</u>	<u>Time 1 to</u> <u>Time 3</u>	<u>Interaction</u>	
	(df = 1, 29)		(df = 2, 58)					(df = 2, 58)	
	<u>F</u>	<u>η<sup>2</sup></u>	<u>F</u>	<u>η<sup>2</sup></u>	<u>ℓ</u>	<u>ℓ</u>	<u>ℓ</u>	<u>F</u>	<u>η<sup>2</sup></u>
GDS	1.14	(.04)	5.14**	(.15)	3.45**	-.05	2.36*	1.48	(.05)
AFC	2.96	(.09)	4.67**	(.14)	3.27**	.52	2.08*	1.58	(.05)
PSC	.56	(.02)	9.87**	(.25)	2.65**	1.95 <sup>+</sup>	4.01**	1.02	(.03)
AGG	.55	(.02)	.02	(.00)	-.05	-.15	-.18	.40	(.01)
TTO	.28	(.01)	15.39**	(.35)	6.24**	-.88	3.91**	.17	(.00)
FIN	.02	(.00)	3.92*	(.12)	1.66 <sup>+</sup>	1.10	2.69**	.60	(.02)
SEX	.03	(.00)	1.15	(.04)	1.33	-.08	1.29	1.92	(.06)

*Note:* Shortened MSI-R MANOVA for Time  $\underline{F}(14, 104) = 2.76, p < .01, \underline{\eta}^2 = .27$ . MANOVA for Gender  $\underline{F}(7, 23) = .84, p = \text{n.s.}, \underline{\eta}^2 = .20$ . MANOVA for Interaction  $\underline{F}(14, 104) = .87, p = \text{n.s.}, \underline{\eta}^2 = .10$ . GDS = Global Distress; AFC = Affective Communication; PSC = Problem-Solving Communication; AGG = Aggression; TTO = Time Together; FIN = Disagreement About Finances; SEX = Sexual Dissatisfaction. Effect sizes as indicated by variance explained ( $\underline{\eta}^2$ ) in parentheses.

<sup>a</sup>Univariate follow up scales for MANOVA of seven of the most clinically relevant MSI-R subscales for the SUCCES project.

<sup>b</sup> $\underline{n} = 30$ .

<sup>+</sup> $p < .10$  \* $p < .05$  \*\* $p < .01$

Table 14

*Marital Satisfaction Inventory-Revised (MSI-R) (Repeated Measures ANOVAs for MSI-R Supplementary Scales<sup>a</sup>)<sup>b</sup>*

	<u>Gender</u>		<u>Time</u>		<u>Time 1 to</u> <u>Time 2</u>	<u>Time 2 to</u> <u>Time 3</u>	<u>Time 1 to</u> <u>Time 3</u>	<u>Interaction</u>	
	(df = 1, 29)		(df = 2, 58)					(df = 2, 58)	
	<u>F</u>	<u>η<sup>2</sup></u>	<u>F</u>	<u>η<sup>2</sup></u>	<u>ℓ</u>	<u>ℓ</u>	<u>ℓ</u>	<u>F</u>	<u>η<sup>2</sup></u>
INC <sup>b</sup>	.17	(.01)	2.50 <sup>+</sup>	(.15)	-.70	2.15*	1.71 <sup>+</sup>	.21	(.01)
CNV <sup>c</sup>	.30	(.01)	5.36**	(.15)	-3.22**	.42	-2.94**	.40	(.01)
ROR <sup>b</sup>	.40	(.01)	.55	(.04)	.98	-.96	.20	.07	(.00)
FAM <sup>c</sup>	7.46**	(.19)	.13	(.01)	.02	.48	.41	.36	(.02)
DSC <sup>d</sup>	1.34	(.07)	.60	(.07)	.29	.76	.92	.12	(.02)
CCR <sup>d</sup>	.02	(.00)	2.76 <sup>+</sup>	(.26)	-.03	2.17*	2.04*	1.14	(.12)

*Note:* INC = Inconsistency; CNV = Conventionalization; FAM = Family History of Distress; DSC = Dissatisfaction with Children; CCR = Conflict Over Child Rearing.

<sup>a</sup> Repeated Measures ANOVAs of seven of additional subscales of the MSI-R that were less related to clinical material in the SUCCESS project. Effect sizes as indicated by variance explained (η<sup>2</sup>) in parentheses.

<sup>b</sup> n = 30. <sup>c</sup> n = 32. <sup>d</sup> n = 18.

<sup>+</sup> p < .10 \*p < .05 \*\*p < .01

Table 15

*Partnership Questionnaire, Areas of Change, Problem List, and Commitment Scale**Scores of the Sample (Means and Standard Deviations for Time 1, Time 2, Time 3)<sup>a</sup>*

	<u>Time 1</u>		<u>Time 2</u>		<u>Time 3</u>	
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)
PQ Total						
Men	2.11	(.51)	2.24	(.50)	2.29	(.51)
Women	2.19	(.52)	2.35	(.46)	2.40	(.53)
PQ Quarrelling						
Men	.89	(.46)	.70	(.51)	.61	(.49)
Women	.84	(.60)	.64	(.55)	.59	(.62)
PQ Tenderness						
Men	1.46	(.72)	1.58	(.68)	1.59	(.72)
Women	1.66	(.61)	1.87	(.59)	1.80	(.71)
PQ Togetherness						
Men	1.80	(.55)	1.86	(.53)	1.89	(.59)
Women	1.74	(.59)	1.80	(.55)	2.00	(1.04)
ACQ Requested						
Men	17.10	(10.18)	16.53	(10.06)	15.59	(10.55)
Women	25.59	(11.42)	20.69	(11.83)	23.14	(13.59)
ACQ Perceived						
Men	22.97	(12.19)	23.14	(11.99)	21.42	(12.00)
Women	22.87	(10.39)	19.14	(11.20)	19.87	(13.72)

Table 15 Continued

	<u>Time 1</u>		<u>Time 2</u>		<u>Time 3</u>	
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)
Problem List Total						
Men	2.53	(2.68)	1.60	(2.24)	1.38	(1.66)
Women	3.78	(3.31)	2.30	(2.43)	2.82	(3.65)
Commitment Total						
Men	5.46	(.85)	5.42	(.69)	5.46	(.81)
Women	5.57	(.60)	5.44	(.66)	5.42	(.92)

*Note.* PQ Total = Partnership Questionnaire Total Score; PQ Quarrelling = Partnership Questionnaire Quarrelling Score; PQ Tenderness = Partnership Questionnaire Tenderness Score; PQ Togetherness = Partnership Questionnaire Togetherness and Communication Score; ACQ Requested = Amount of change subject is requesting of spouse; ACQ Perceived = Amount of change subject believes their spouse would request of them if asked; Problem List Total = Problem List Questionnaire Total Score; Commitment Total = Commitment Scale Abridged Total Score. Standard deviations in parentheses:

<sup>a</sup> n = 32.

Table 16

*Additional Interpersonal Measures of Change (Repeated Measures ANOVAs for Partnership Questionnaire, Areas of Change, Problem List, and Commitment Scale)<sup>a</sup>*

	<u>Gender</u>		<u>Time</u>		<u>Time 1</u> <u>to</u> <u>Time 2</u>	<u>Time 2</u> <u>to</u> <u>Time 3</u>	<u>Time 1</u> <u>to</u> <u>Time 3</u>	<u>Interaction</u>	
	(df = 1, 31)		(df = 2, 62)					(df = 2, 62)	
	<u>F</u>	<u>η</u> <sup>2</sup>	<u>F</u>	<u>η</u> <sup>2</sup>	<u>t</u>	<u>t</u>	<u>t</u>	<u>F</u>	<u>η</u> <sup>2</sup>
PQ Total	3.27 <sup>+</sup>	(.10)	7.93**	(.20)	-3.26**	-.96	-3.47**	.19	(.01)
PQ Quarrelling	.48	(.02)	11.23**	(.27)	4.14**	1.31	3.75**	.23	(.01)
PQ Tenderness	4.96*	(.14)	3.62*	(.11)	-2.86**	.44	-2.06*	.55	(.02)
PQ Togetherness	.00	(.00)	2.20	(.07)	-1.23	-1.14	-1.81 <sup>+</sup>	.67	(.02)
ACQ Requested	10.40**	(.25)	4.24*	(.12)	3.52**	-.78	1.75 <sup>+</sup>	2.85 <sup>+</sup>	(.08)
ACQ Perceived	.62	(.02)	2.03	(.06)	1.50	.41	1.95*	1.39	(.04)
Problem List									
Total	7.07**	(.19)	8.28**	(.21)	3.90**	-.46	3.09**	1.29	(.04)
Commitment									
Scale	.10	(.00)	.77	(.02)	1.49	-.31	.84	1.25	(.04)

*Note.* Interpersonal Measures MANOVA for Time  $\underline{F}(16, 110) = 2.91, p < .01, \underline{\eta}^2 = .30$ . MANOVA for Gender  $\underline{F}(8, 24) = 4.07, p < .01, \underline{\eta}^2 = .58$ . MANOVA for Interaction  $\underline{F}(16, 110) = .84, p = \text{n.s.}, \underline{\eta}^2 = .11$ . PQ Total = Partnership Questionnaire Total Score; PQ Quarrelling = Partnership Questionnaire Quarrelling Score; PQ Tenderness = Partnership Questionnaire Tenderness Score; PQ Togetherness = Partnership Questionnaire Togetherness and Communication Score; ACQ Requested = Amount of change subject requests of spouse; ACQ Perceived = Amount of change subject believes their spouse would request of them; Problem List Total = Problem List Questionnaire Total Score. Commitment Scale = Commitment Scale Abridged Total Score. Effect sizes as indicated by variance explained ( $\underline{\eta}^2$ ) in parentheses.

<sup>a</sup>  $\underline{n} = 32$ .

<sup>+</sup>  $p < .10$  \* $p < .05$  \*\* $p < .01$

Table 17

*Effect Sizes for Significant Time Criterion Measures<sup>a</sup>*

	<u>Pretreatment</u>		<u>Posttreatment</u>		<u>Six-Month</u>		<u>Follow-up</u>	
	<u>Pooled Score</u>		<u>Pooled Score</u>		<u>Follow-up</u>		<u>Posttreatment</u>	<u>Effect</u>
	<u>M</u>	<u>(SD)</u>	<u>M</u>	<u>(SD)</u>	<u>M</u>	<u>(SD)</u>	<u>Effect Size</u>	<u>Size</u>
QOL Total	.79	(.80)	.96	(.72)	.98	(.77)	0.21*	0.22**
INC	50.48	(7.98)	51.94	(9.62)	48.69	(9.71)	0.18	0.22 <sup>+</sup>
CNV	45	(7.31)	47.22	(8.23)	47.53	(9.68)	0.30**	0.35**
GDS	55.72	(8.72)	52.27	(9.07)	52.90	(9.21)	0.28**	0.32*
AFC	54.69	(8.71)	51.75	(9.00)	52.08	(10.15)	0.34**	0.30*
PSC	54.81	(9.30)	51.53	(8.05)	49.56	(9.92)	0.35**	0.56**
TTO	56.17	(8.38)	50.89	(9.78)	51.40	(11.66)	0.63**	0.57**
FIN	50.33	(9.63)	48.17	(9.84)	47.31	(9.65)	0.22 <sup>+</sup>	0.31**
CCR	50.70	(9.76)	51.39	(9.20)	49.15	(8.28)	0.07	0.16*
PQ Total	2.15	(.51)	2.30	(.48)	2.35	(.52)	0.28**	0.37**
PQ Quarrelling	.86	(.57)	.67	(.52)	.60	(.55)	0.33**	0.45**
PQ Tenderness	1.56	(.67)	1.73	(.65)	1.69	(.72)	0.25**	0.20*
PQ Togetherness	1.73	(.58)	1.87	(.55)	1.84	(.65)	0.23	0.20 <sup>+</sup>
ACQ Requested	21.34	(11.56)	18.61	(11.09)	19.37	(12.65)	0.24**	0.17 <sup>+</sup>
ACQ Perceived	22.92	(11.23)	21.14	(11.69)	20.65	(12.81)	0.16	0.20*
Problem List Total	3.16	(3.05)	1.95	(2.35)	2.10	(2.91)	0.39**	0.35**

*Note.* QOL Total = Quality of Life Total Score; INC = Inconsistency; CNV = Conventionalization; GDS = Global Distress; AFC = Affective Communication; PSC = Problem-Solving Communication; TTO = Time Together; FIN = Disagreement About Finances; CCR = Conflict Over Child Rearing; PQ Total = Partnership Questionnaire Total Score; PQ Quarrelling = Partnership Questionnaire Quarrelling Score; PQ Tenderness = Partnership



Table 17 Continued

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Questionnaire Tenderness Score; PQ Togetherness = Partnership Questionnaire Togetherness and Communication Score; ACQ Requested = Amount of change subject is requesting of spouse; ACQ Perceived = Amount of change subject believes their spouse would request of them if asked; Problem List Total = Problem List Questionnaire Total Score. Standard Deviations in parentheses.

<sup>a</sup>  $\underline{n} = 32$ .

<sup>+</sup> = *t*- test for time was significant at  $p < .10$ . \* = *t*- test for time was significant at  $p < .05$ .

\*\* = *t*- test for time was significant at  $p < .01$ .

Table 18

*Postgroup Evaluations of SUCCES Program (Time 2 Program Evaluations by Module)*

Session	<u>Total<sup>a</sup></u>		<u>Husbands<sup>b</sup></u>		<u>Wives<sup>c</sup></u>	
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)
Behavior Exchange & Bonding <sup>6</sup>	3.66	(.69)	3.61	(.67)	3.81	(.81)
Speaking to be Heard <sup>1</sup>	3.96	(.91)	4.19	(.75)	3.92	(1.09)
Listening Skills & Empathy <sup>2</sup>	3.96	(.98)	4.10	(.60)	4.03	(1.09)
Conflict-Resolution Skills <sup>3</sup>	3.82	(1.05)	4.10	(.79)	3.81	(1.17)
Changing Thinking Errors <sup>7</sup>	3.53	(.94)	3.50	(.86)	3.76	(1.11)
Family of Origin/Contracts <sup>4</sup>	3.75	(.82)	3.73	(.85)	3.91	(.92)
Increasing Intimacy <sup>8</sup>	3.38	(1.11)	3.68	(.91)	3.41	(1.26)
Moving Past Relationship Hurts <sup>5</sup>	3.70	(.89)	4.00	(.73)	3.58	(1.16)

*Note.* Ratings ranged from 1 (Not at all helpful) to 5 (Very helpful). Rankings indicated by superscript numbers based on average of all scores in table. Standard deviations in parentheses.

<sup>a</sup> n = 31. <sup>b</sup> n = 31. <sup>c</sup> n = 37.

Table 19

*Follow-up Group Evaluations of SUCCES (Time 3 Program Evaluations by Module)*

Session	<u>Total<sup>a</sup></u>		<u>Husbands<sup>b</sup></u>		<u>Wives<sup>c</sup></u>	
	<u>M</u>	(SD)	<u>M</u>	(SD)	<u>M</u>	(SD)
Behavior Exchange & Bonding <sup>6</sup>	3.39	(.71)	3.39	(.76)	3.42	(.94)
Speaking to be Heard <sup>2</sup>	3.64	(.73)	3.74	(.82)	3.64	(.99)
Listening Skills & Empathy <sup>1</sup>	3.88	(.70)	4.00	(.68)	3.78	(1.10)
Conflict-Resolution Skills <sup>3</sup>	3.61	(.87)	3.68	(.91)	3.58	(1.18)
Changing Thinking Errors <sup>7</sup>	3.33	(.80)	3.48	(.90)	3.19	(1.03)
Family of Origin/Contracts <sup>4</sup>	3.60	(.70)	3.52	(.94)	3.64	(.83)
Increasing Intimacy <sup>8</sup>	3.21	(.94)	3.29	(.86)	3.11	(1.33)
Moving Past Relationship Hurts <sup>5</sup>	3.42	(.71)	3.58	(.76)	3.31	(1.04)

*Note.* Ratings ranged from 1 (Not at all helpful) to 5 (Very helpful). Rankings indicated by superscript numbers based on average of all scores in table. Standard deviations in parentheses.

<sup>a</sup> n = 30. <sup>b</sup> n = 30. <sup>c</sup> n = 36.

Table 20

*Postsession Evaluations of SUCCES (Evaluations Conducted After Each Session )<sup>a</sup>*

Session	Helpfulness of the materials	Helpfulness of the exercises	Importance to your relationship	Importance to the group	Frequency you will use	Overall Usefulness to you *
Behavior Exchange & Bonding <sup>9</sup>	7.38	7.46	8.08	7.58	7.83	2.53
Speaking to be Heard <sup>5</sup>	8.09	8.11	8.88	8.27	8.30	2.74
Listening Skills & Empathy <sup>3</sup>	8.47	7.9	8.98	8.70	8.19	2.82
Conflict-Resolution Skills <sup>4</sup>	8.19	8.17	8.89	8.38	8.15	2.80
Changing Thinking Errors <sup>8</sup>	7.92	7.90	8.32	8.07	7.89	2.58
Family of Origin/Contracts <sup>1</sup>	8.72	8.19	9.07	8.76	8.49	2.76
Increasing Intimacy <sup>6</sup>	8.29	8.22	8.45	8.51	8.22	2.58
Moving Past Relationship Hurts <sup>2</sup>	8.41	8.50	8.76	8.65	8.42	2.75
Planning for the Future <sup>7</sup>	8.12	7.86	8.31	8.38	8.13	2.62

*Note.* Ratings ranged from 1 (Not at all helpful/important/frequently) to 10 (Very helpful/important/frequently). \* Ratings ranged from 1 (Not at all useful) to 3 (Very Useful). Rankings indicated by superscript numbers based on average of all scores in table.

<sup>a</sup>n ranged from 30 to 49 due absences and missing forms.

## APPENDIX B

## FIGURES

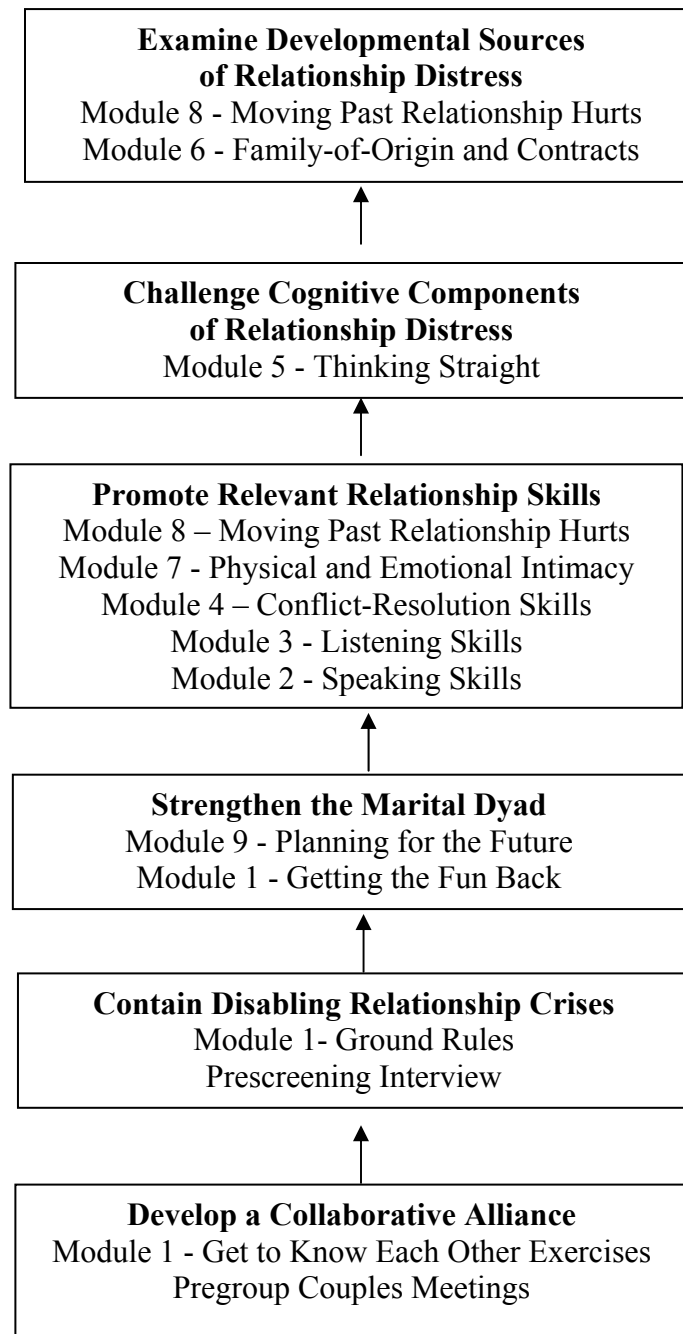
Risk Factors	Protective Factors
<p>High levels of expression of sadness &amp; fear (1)</p> <p>High rates of negative exchanges (1)</p> <p>Husband's contempt or withdrawal (2)</p> <p>Wives criticism, defensiveness, contempt (2)</p> <p>Cycles of negative interactions (2)</p> <p>Withdrawal after negative interactions (2)</p> <p>Perceptual shifts to stable, global, negative attributions about spouse's personality (2)</p> <p>Parallel verses integrated lives (2)</p> <p>Disparate preferred conflict-resolution styles (3)</p> <p>Male withdrawal from conflict (4)</p> <p>Negative affect escalation (4)</p> <p>Conflict (4)</p> <p>Dysfunctional affect regulation (4)</p> <p>Negative behavior (6)</p> <p>Stressful events (6)</p> <p>High hostility in marital interactions (7)</p> <p>Low warmth in marital interactions (7)</p> <p>Ongoing negative reevaluations of the quality of marital interactions (7)</p> <p>Poor communication skills (9)</p> <p>High levels of negative expectations for the relationship (9)</p> <p>Low relational efficacy (9)</p> <p>Attributions about spouse's responsibility for relationship problems (9)</p> <p>Lack of intimacy (9)</p> <p>Low sexual satisfaction (9)</p> <p>Sexual dysfunction (9)</p> <p>Husbands &amp; wives' emotional invalidation (10)</p>	<p>High rates of positive exchanges (1)</p> <p>Low rates of negative exchanges (1)</p> <p>Repair mechanisms (2)</p> <p>Editing in communication (2)</p> <p>Physiological soothing of self and partner (2)</p> <p>High ration of positive to negative affect (3)</p> <p>Lifetime commitment to marriage and loyalty to spouse (5)</p> <p>Spouse is best friend (5)</p> <p>Commitment to sexual fidelity (5)</p> <p>Desire to please and support spouse (5)</p> <p>Good companion to spouse (5)</p> <p>Willingness to forgive and be forgiven (5)</p> <p>Sexual Satisfaction (6)</p> <p>Positive behaviors (6)</p> <p>Similarity of expectations for marriage (6)</p> <p>Expressing affection (8)</p> <p>Showing respect for and confidence in partner (8)</p> <p>Giving support and assistance to partner (8)</p> <p>Asking partner about their day (8)</p> <p>Communication about topical events, opinions, interests (8)</p> <p>Having shared quality time (8)</p> <p>Expressing appreciation to partner (8)</p> <p>High rates of positive affect (E.g., smiling &amp; attentiveness) (9)</p> <p>Higher rates of agreement &amp; validation (9)</p> <p>Realistic beliefs about the relationship (9)</p> <p>Strong beliefs about ability to work through problems (9)</p> <p>Acceptance of personal responsibility for problems (9)</p> <p>Relatively equal balance of power (11)</p> <p>Softened requests for change (11)</p> <p>De-escalation &amp; soothing skills (11)</p>

*Figure 1.* Risk and protective factors identified in the marital therapy literature.

Risk Factors	Protective Factors
Husbands & wives' insensitivity to the needs of the other (10) Husbands' negativity (10) Wives' lack of problem-solving skills (10) Negative startup by wife (11) Lack of de-escalation of affect by spouse (11) Lack of physiological soothing of male when emotionally aroused (11) Lack of problem-solving skills (12) Dysfunctional attribution style (12) Physical or psychological aggression (14) Anger and contempt (14) Husband or wife disappointment (15) Lack of "wee-ness" (15)	Humor in arguments (11) Social support from spouse & others (12) Individual & couple coping abilities (12) Individual & couple resilience (12) Effective problem-solving skills (12) Self-regulation (proactivity in coping & recognizing & correcting dysfunctional marital processes (12) Acceptance (12) More agreement & empathy during conflict (13) Non-critically pinpointing and verbalizing problems (13) More generation of solutions to problems (13) Spending positive shared time together (13) Effective spousal support (13) Positive Communication (14) Humor (14) Beliefs prohibiting divorce (14) High perceived marital bond (15)

*Figure 1.* Continued. References: (1) Bradbury & Fincham (1990); (2) Gottman (1993a); (3) Gottman (1993b); (4) Markman & Hahlweg (1993); (5) Fenell (1993); (6) Karney & Bradbury (1995); (7) Matthews, Wickrama & Conger (1996); (8) Halford & Behrens (1996); (9) Van Widenfelt, Markman, Guerney, Behrens & Hosman (1997); (10) Lindahl, Malik & Bradbury (1997); (11) Gottman, Coan, Carrere & Swanson (1998); (12) Sayers, Kohn & Heavey (1998); (13) Kelly & Fincham (1999); (14) Rogge & Bradbury (1999); (15) Carrere, Bluehlman, Gottman, Coan & Ruckstuhl (2000).

**SUCCES Modules Mapped Onto the Sequential Model of  
Pluralistic Couples Therapy**



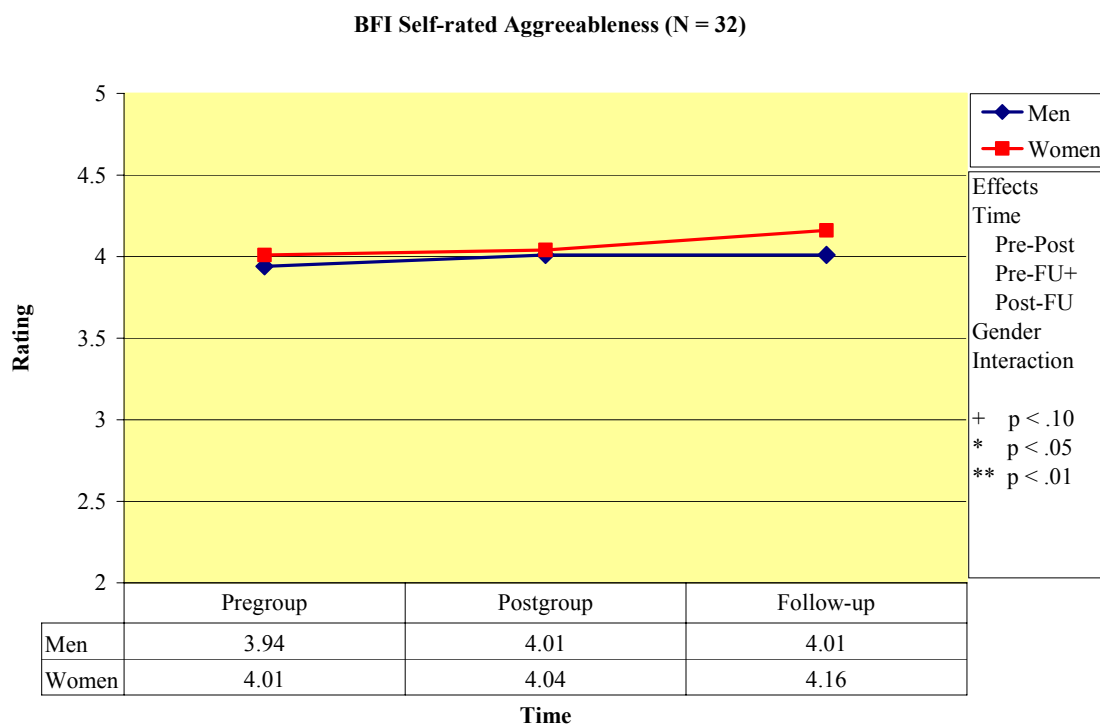
*Figure 2.* SUCCES modules mapped onto the sequential model of pluralistic couples therapy.

### Overview of SUCCES Modules, Goals, and Skills

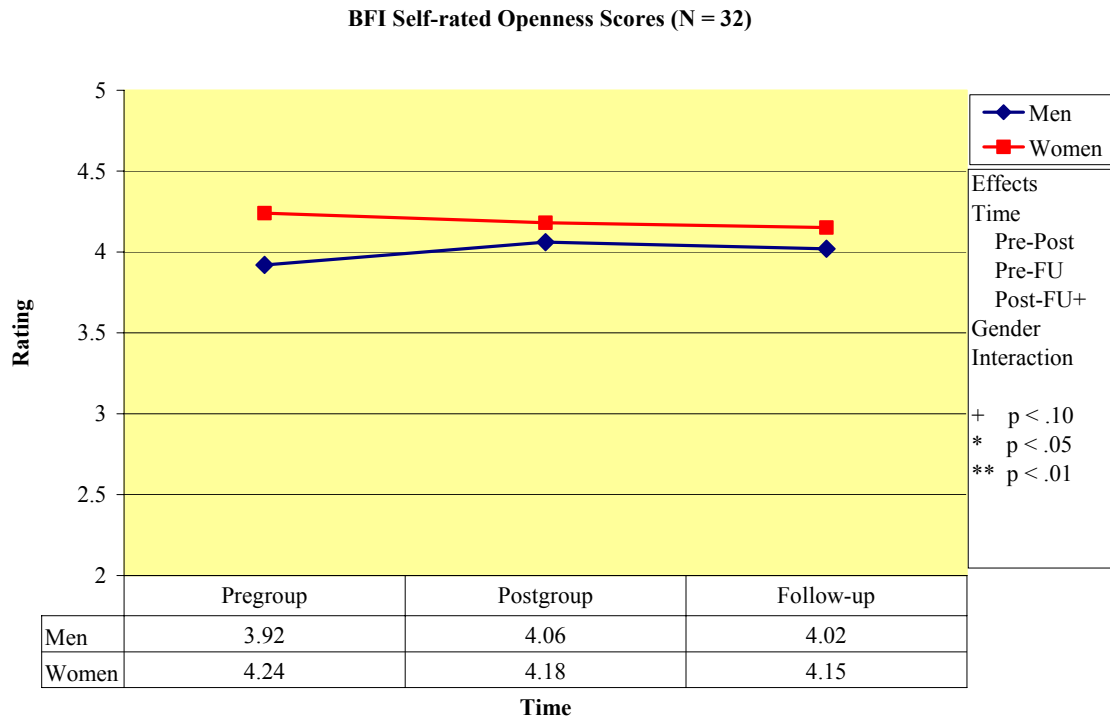
Module	Goals	Exercises or Skills
Behavior Exchange and Bonding	Learning the guidelines of the group, learning to do nice things for each other more often, increasing the amount of pleasurable time couples spend together.	<ul style="list-style-type: none"> <li>– Date night</li> <li>– Caring days</li> <li>– Cookie jar technique</li> </ul>
Speaking to be Heard	Discussing the importance of expressing feelings. Learning how to express feelings so that one's partner will be more willing to listen to the message.	<ul style="list-style-type: none"> <li>– XYZ statements</li> <li>– Do's and Don'ts of communicating</li> </ul>
Listening Skills and Empathy	Learning to listen so that both partners feel understood. Learning the difference between understanding each other and agreeing with each other. Learning specific listening skills.	<ul style="list-style-type: none"> <li>– Paraphrasing</li> <li>– Reflecting</li> <li>– Validating</li> <li>– Summarizing</li> </ul>
Conflict-resolution and Problem-solving	Learning how to work through difficult problems more effectively by using a five-step process. Learning how to avoid destructive conflict processes. Learning to view problems and their solutions in the context of one's caring feelings for one's spouse.	<ul style="list-style-type: none"> <li>– State the problem</li> <li>– Clarify the problem's importance</li> <li>– Generate solutions (brainstorming)</li> <li>– Decide on a solution</li> <li>– Implement and evaluate the solution</li> </ul>
Changing Thinking Errors and Attributions in Relationships	Understanding how beliefs about one's partner's behavior and motives affect one's thoughts and feelings toward him/her. Identifying unhelpful thinking patterns which often lead to negative behavior and relationship distress. Learning to identify and correct inaccurate judgments about the causes of one's partner's behavior.	<ul style="list-style-type: none"> <li>– Identifying and countering negative self-talk. Identifying attributions.</li> <li>– Look for evidence that supports or contradicts attributions</li> <li>– Examine alternative explanations</li> <li>– Examine the consequences of retaining the original attribution</li> </ul>
Family-of-origin and Shared Relationship Contracts	Exploring the expectations that both partners have for the relationships so that a unified set of contracts can be negotiated. Learning how one's family experiences affect one's relationship and one's expectations, rules, roles, and beliefs.	<ul style="list-style-type: none"> <li>– Identifying hidden and unhidden, expressed and non expressed contracts</li> <li>– Negotiating shared contracts</li> <li>– Discovering the influence of family-of-origin on current relationships</li> </ul>
Increasing Physical and Emotional Intimacy	Learning how to accommodate both persons' needs for intimacy and alone time in a relationship. Becoming more comfortable communicating about sexual and physical intimacy by exploring sexual likes and dislikes. Trying out new behaviors.	<ul style="list-style-type: none"> <li>– Identifying sexual myths and pitfalls</li> <li>– Communicating sexual and non-sexual wishes and needs</li> <li>– Exploring new intimacy skills</li> </ul>
Moving Past Relationship Hurts	Learning how to recover from relationship injuries big and small using a three-step process. Learning to put past hurts behind you while also taking important lessons from them in order to reduce resentments. Identifying each spouse's beliefs about forgiveness and how those impact the relationship.	<ul style="list-style-type: none"> <li>– Discussing the impact of relationship hurt or disappointments</li> <li>– Examining the context of the relationship when the hurt took place</li> <li>– Exploring ways to move on</li> <li>– Exploring beliefs about forgiveness</li> </ul>
Creating an Intentional Marriage and Looking Ahead	Putting all the skills together in order to make use of them after the group. Strategically planning for problems that may arise. Setting new relationship goals. Identifying additional resources that can be pursued after the group.	<ul style="list-style-type: none"> <li>– Identifying potential future problems</li> <li>– Setting short- and long-term goals</li> <li>– Planning for the future</li> <li>– Review of resources</li> </ul>

Figure 3. Modules, goals, and skills.

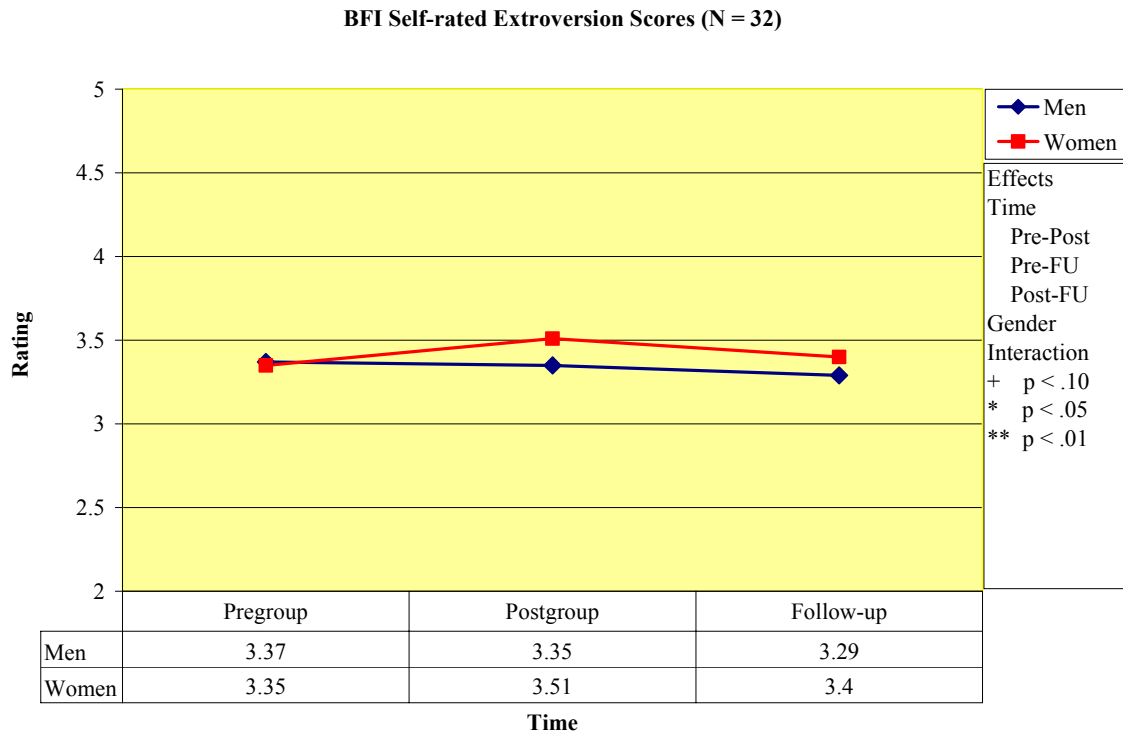




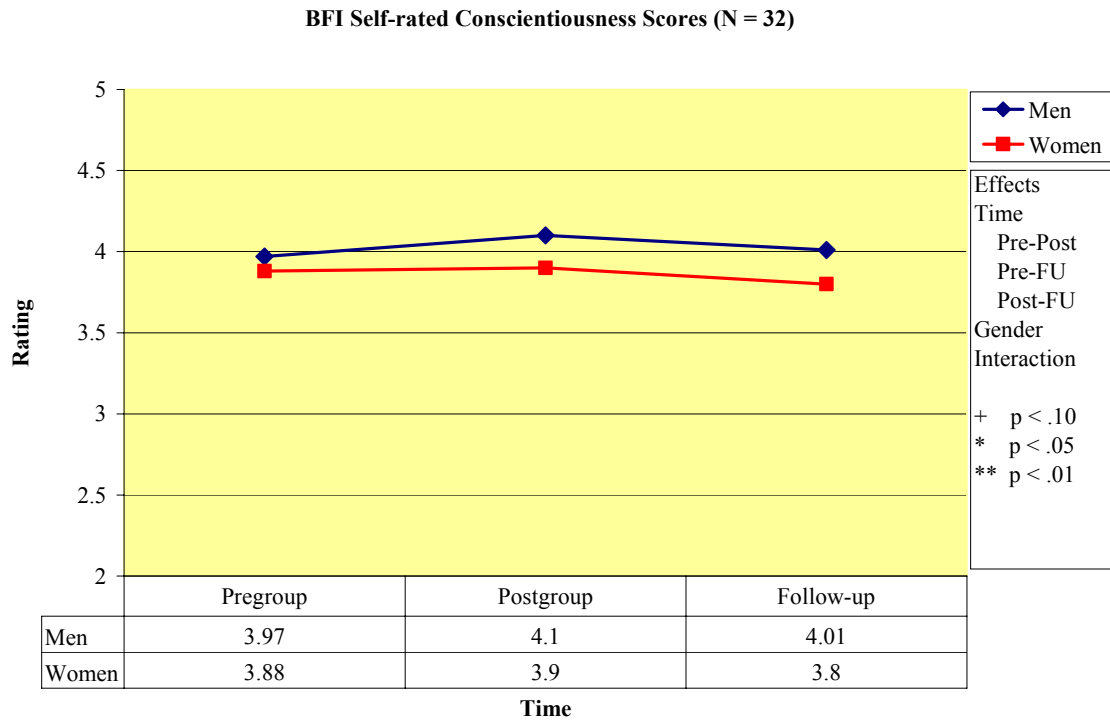
*Figure 4.* BFI Self-rated Agreeableness (main effects and follow-up comparisons).



*Figure 5.* BFI Self-rated Openness (main effects and follow-up comparisons).



*Figure 6.* BFI Self-rated Extroversion (main effects and follow-up comparisons).



*Figure 7.* BFI Self-rated Conscientiousness (main effects and follow-up comparisons).

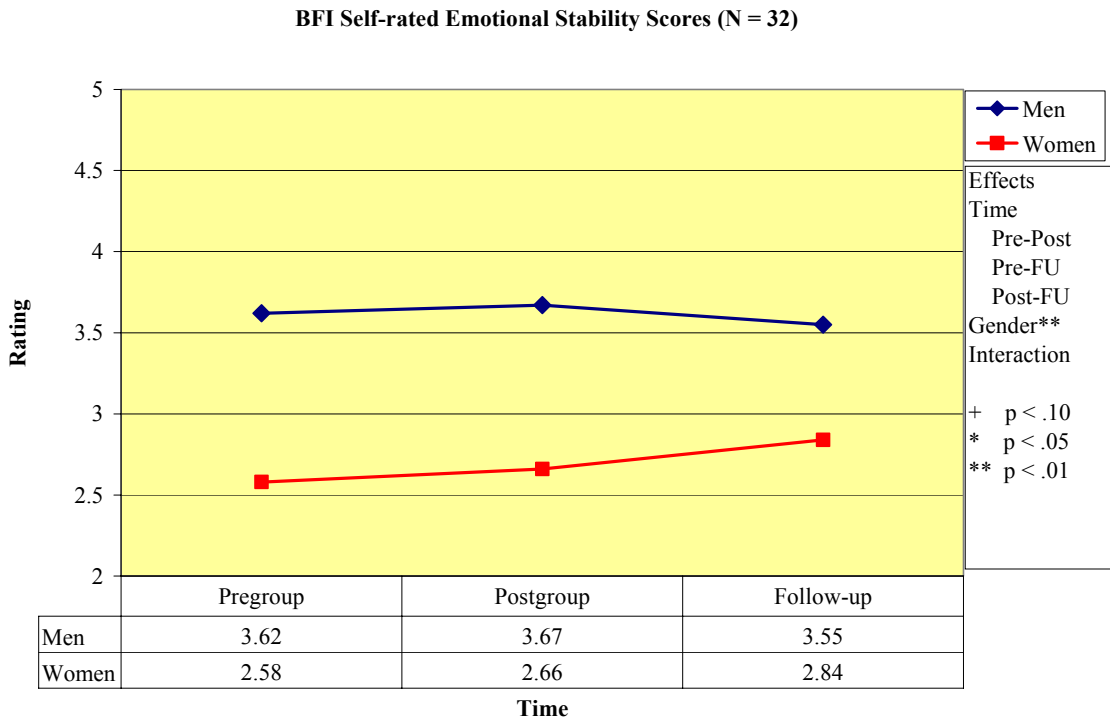
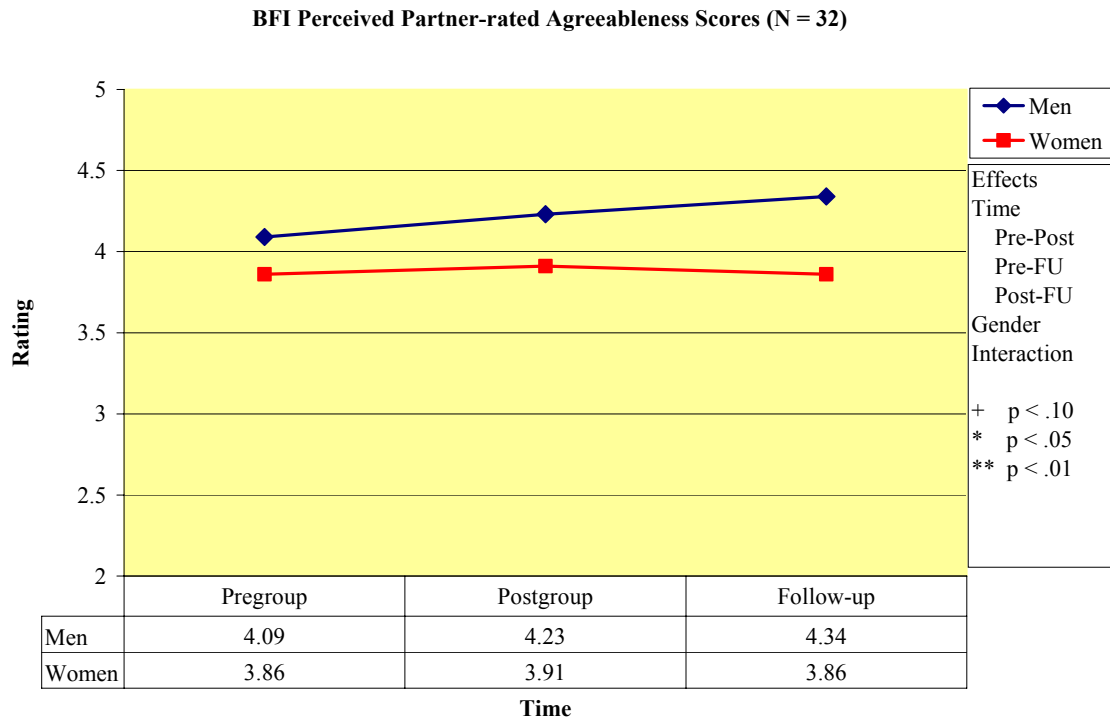
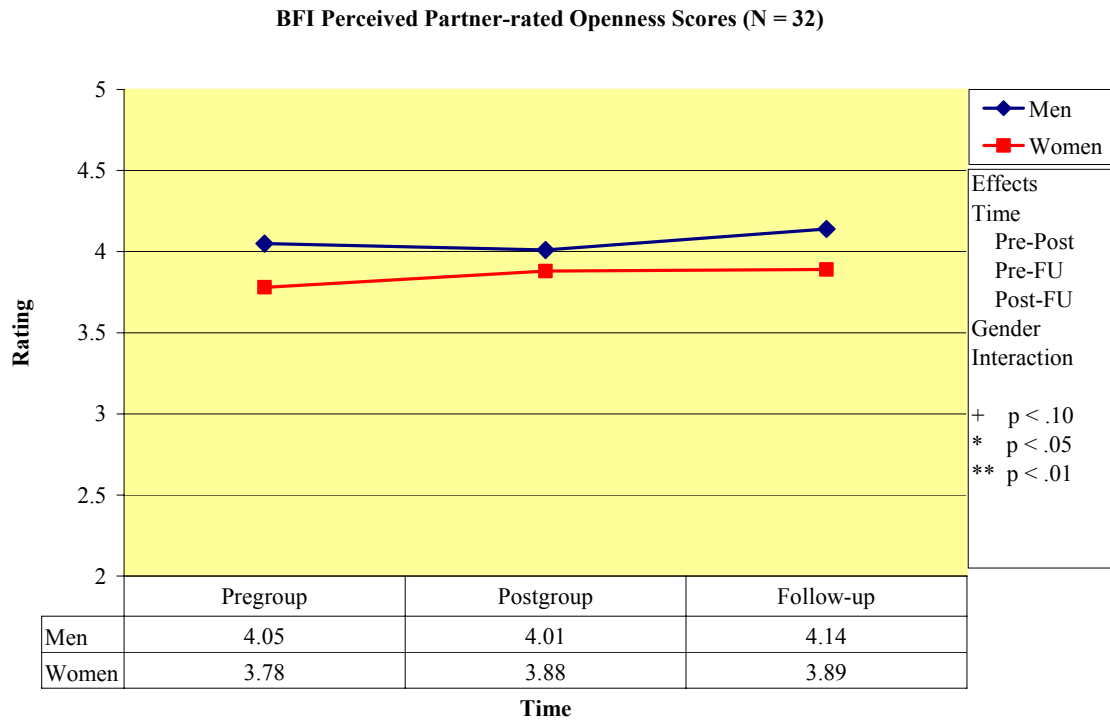


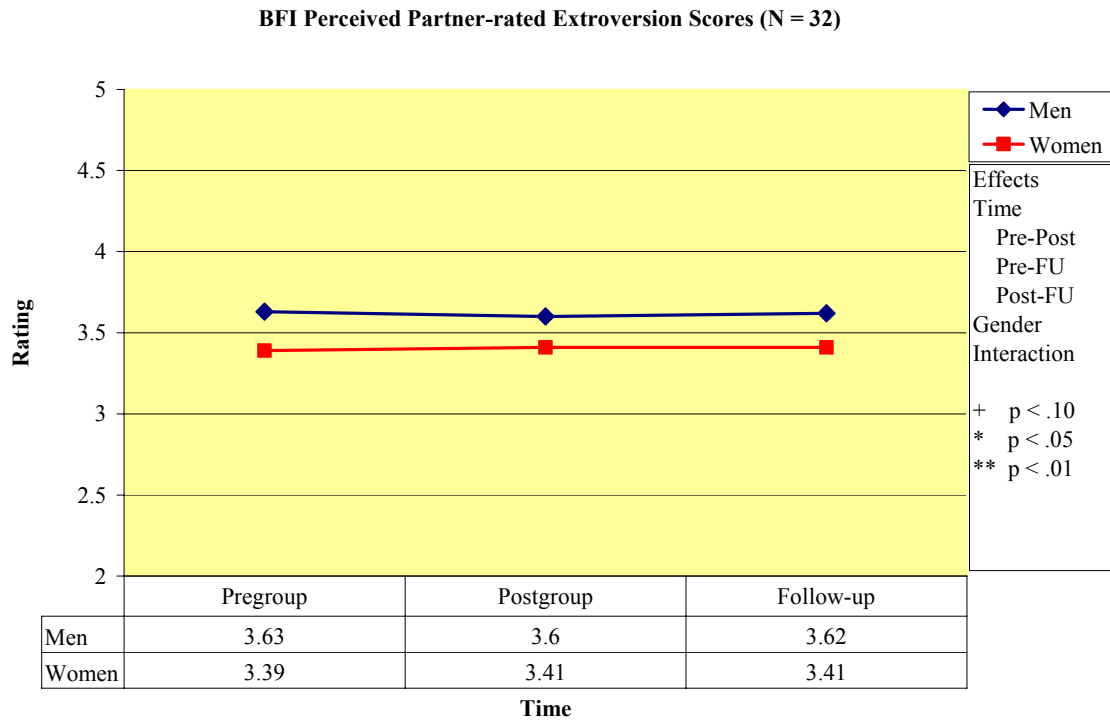
Figure 8. BFI Self-rated Emotional Stability (main effects and follow-up comparisons).



*Figure 9.* BFI Perceived Partner-rated Agreeableness (main effects and follow-up comparisons).

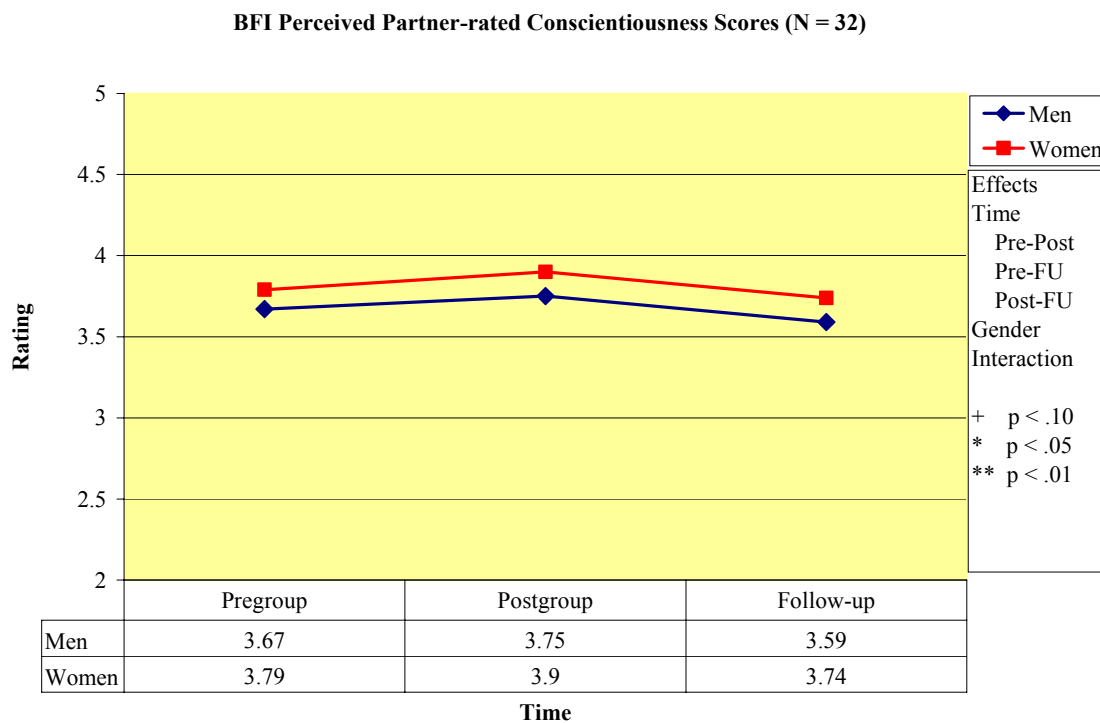


*Figure 10.* BFI Perceived Partner-rated Openness (main effects and follow-up comparisons).

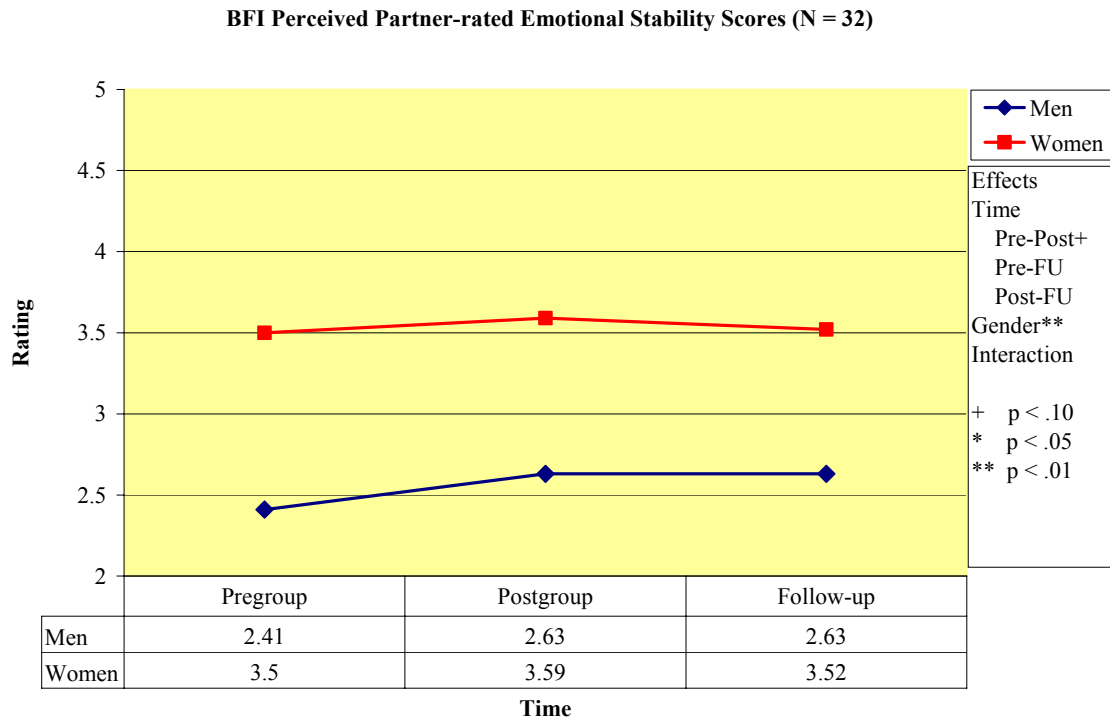


*Figure 11.* BFI Perceived Partner-rated Extroversion (main effects and follow-up comparisons).





*Figure 12.* BFI Perceived Partner-rated Conscientiousness (main effects and follow-up comparisons).



*Figure 13.* BFI Perceived Partner-rated Emotional Stability (main effects and follow-up comparisons).

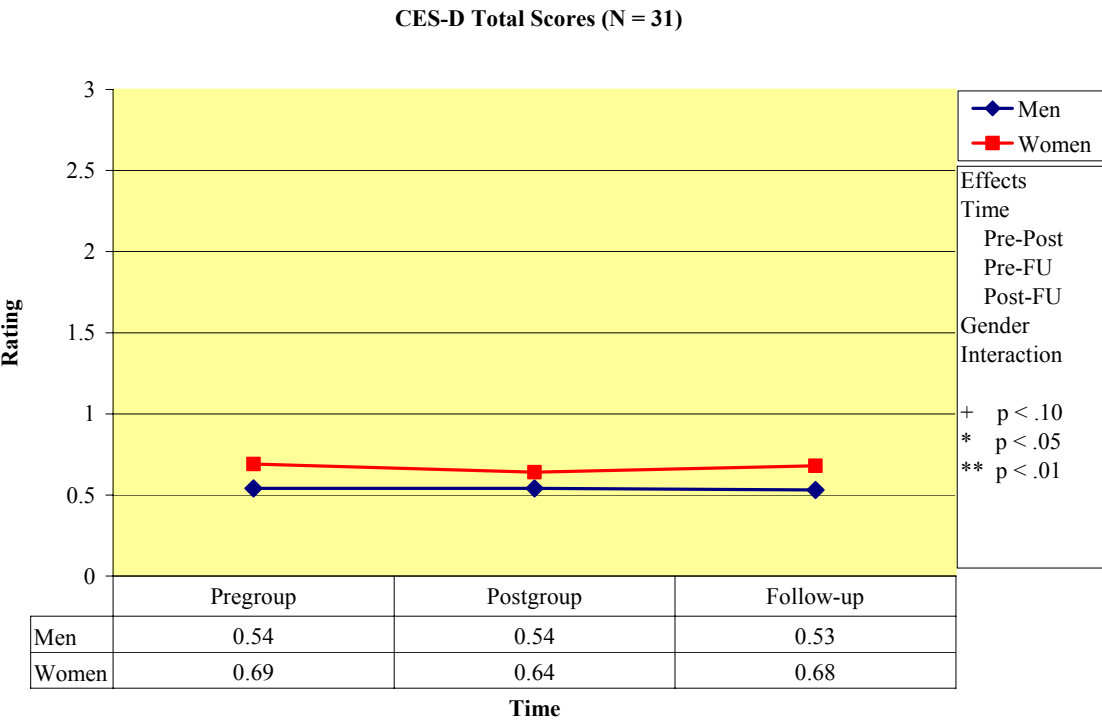
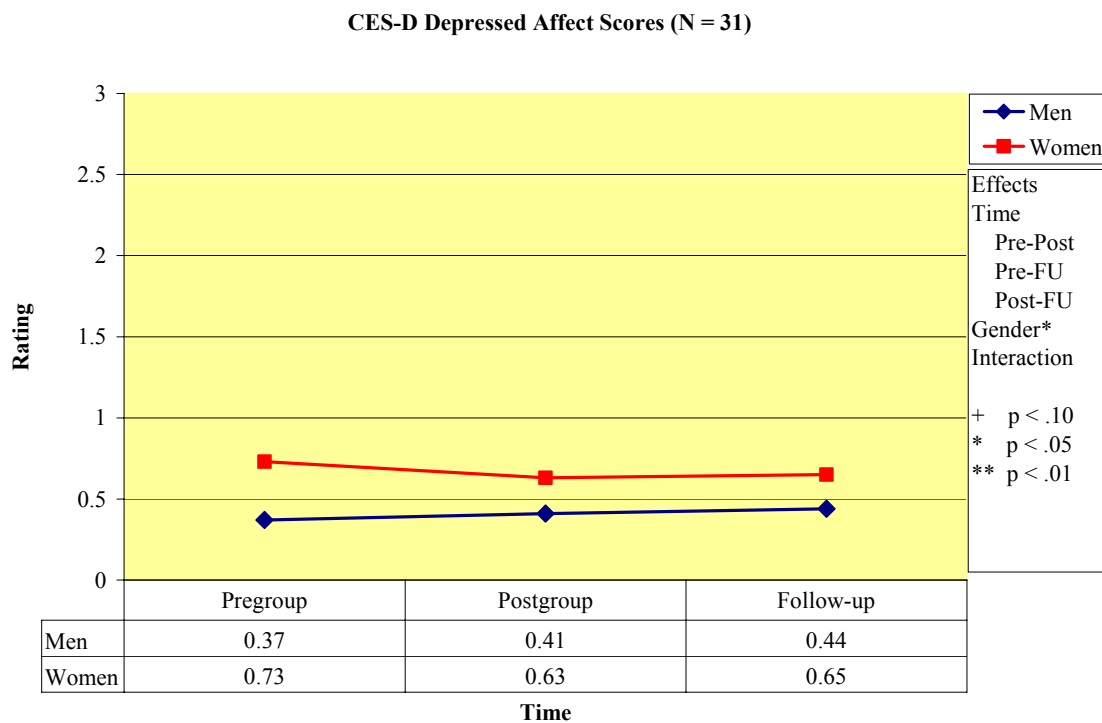
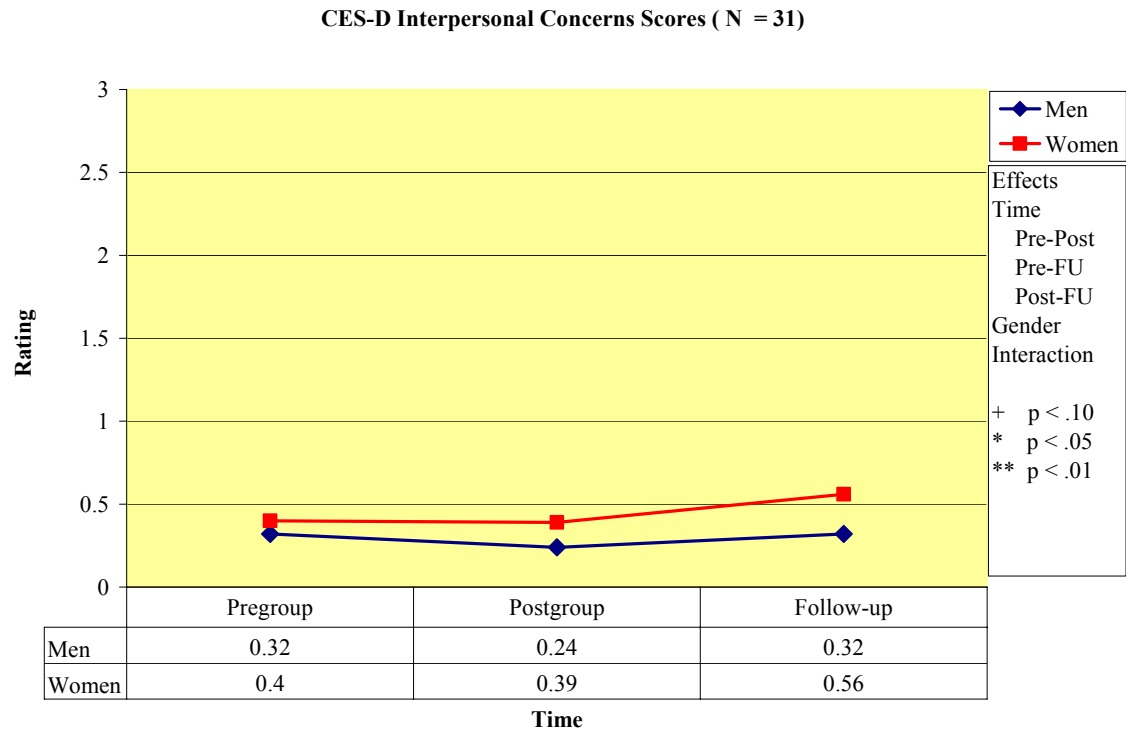


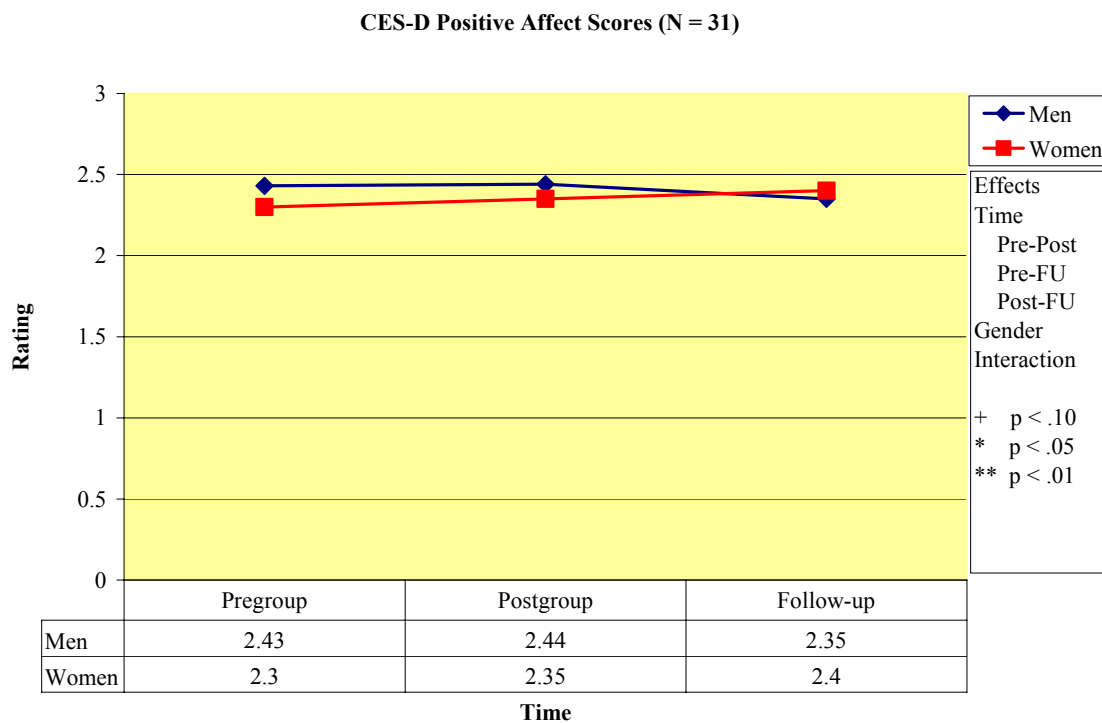
Figure 14. CES-D Total score (main effects and follow-up comparisons).



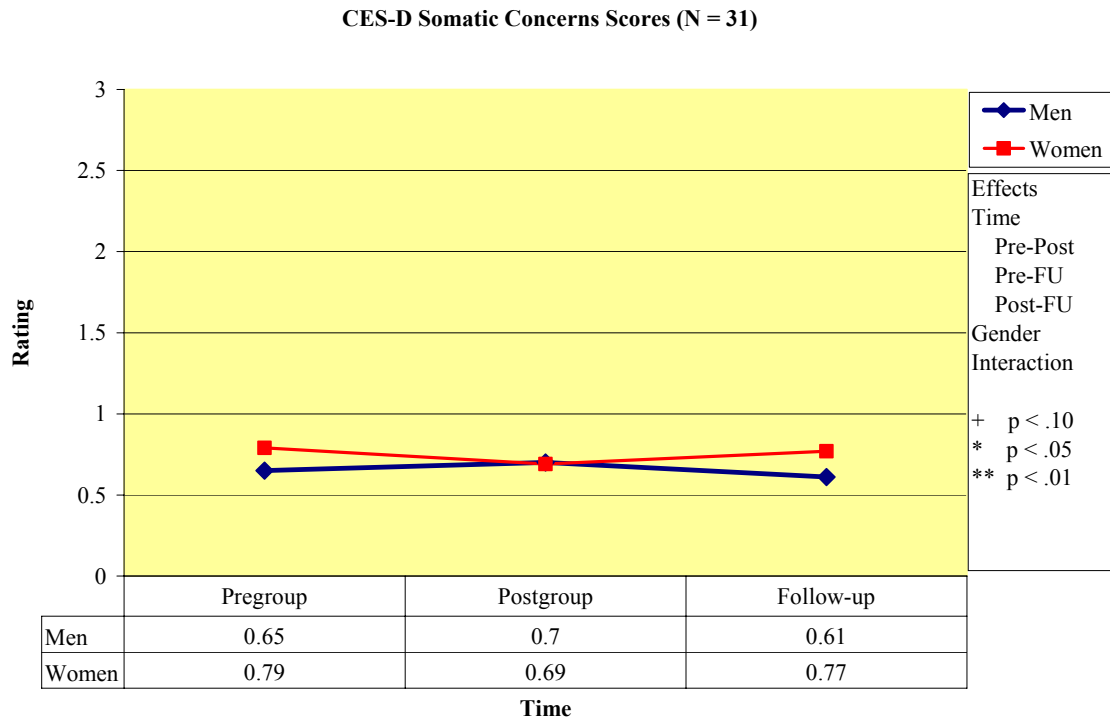
*Figure 15. CES-D Depressed Affect score (main effects and follow-up comparisons).*



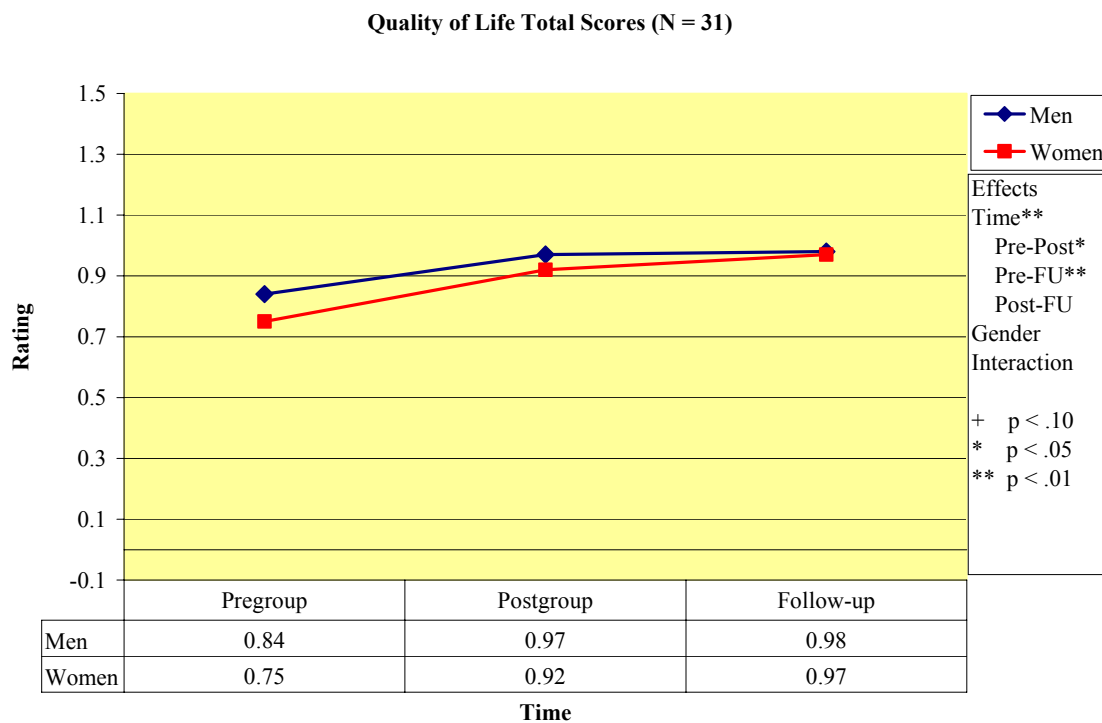
*Figure 16.* CES-D Interpersonal Concerns score (main effects and follow-up comparisons).



*Figure 17.* CES-D Positive Affect score (main effects and follow-up comparisons).

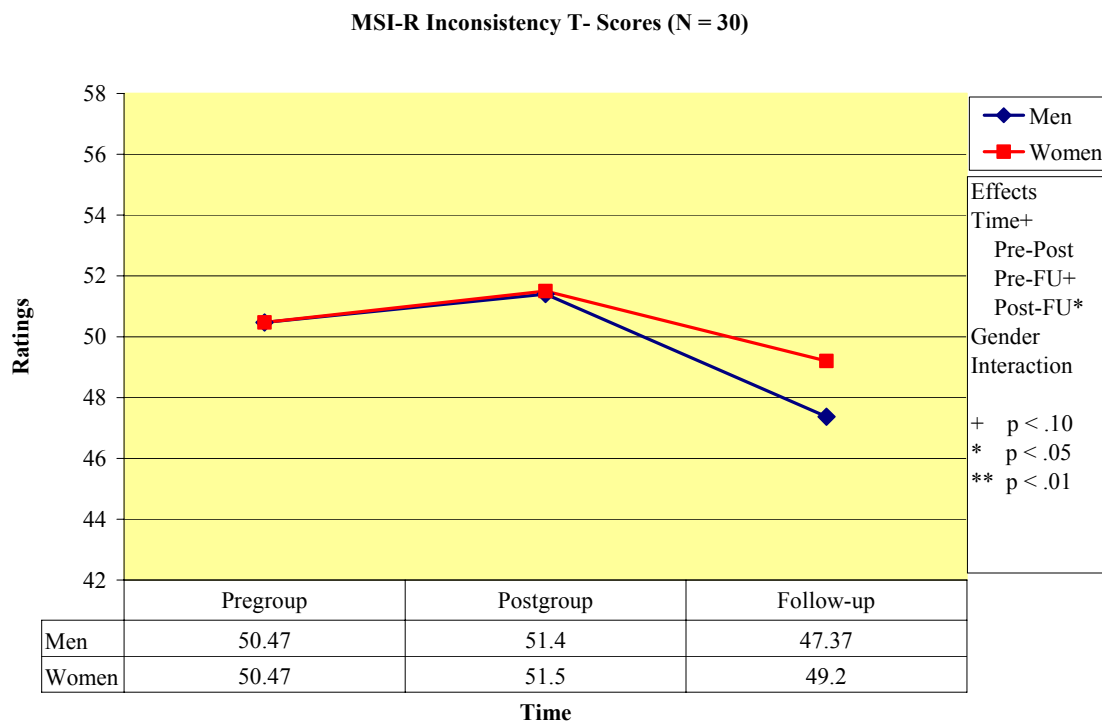


*Figure 18.* CES-D Somatic Concerns score (main effects and follow-up comparisons).

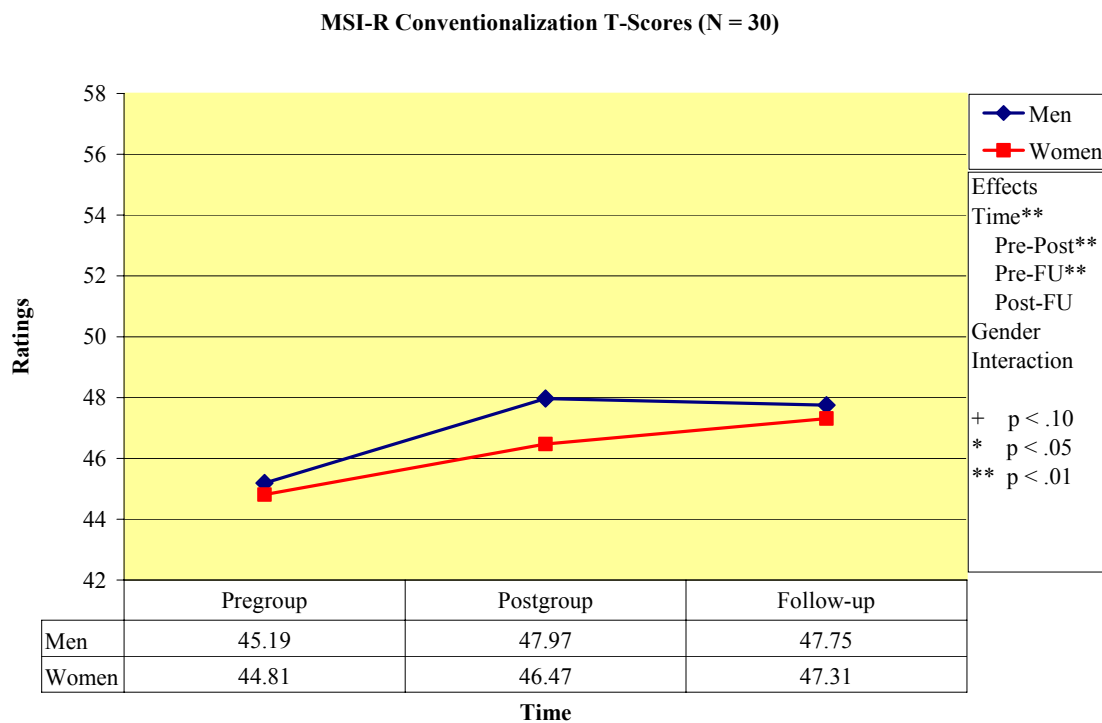


*Figure 19.* Quality of Life Total score (main effects and follow-up comparisons).

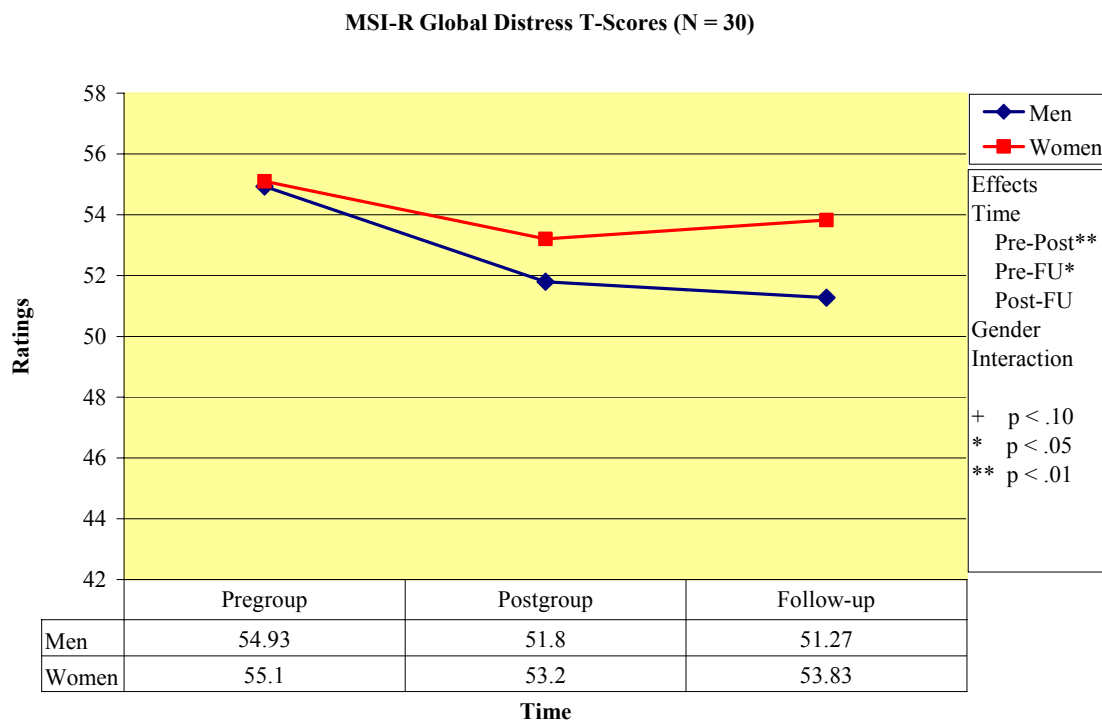




*Figure 20.* MSI-R Inconsistency T-scores (main effects and follow-up comparisons).



*Figure 21.* MSI-R Conventionalization T-scores (main effects and follow-up comparisons).



*Figure 22.* MSI-R Global Distress T-scores (main effects and follow-up comparisons)

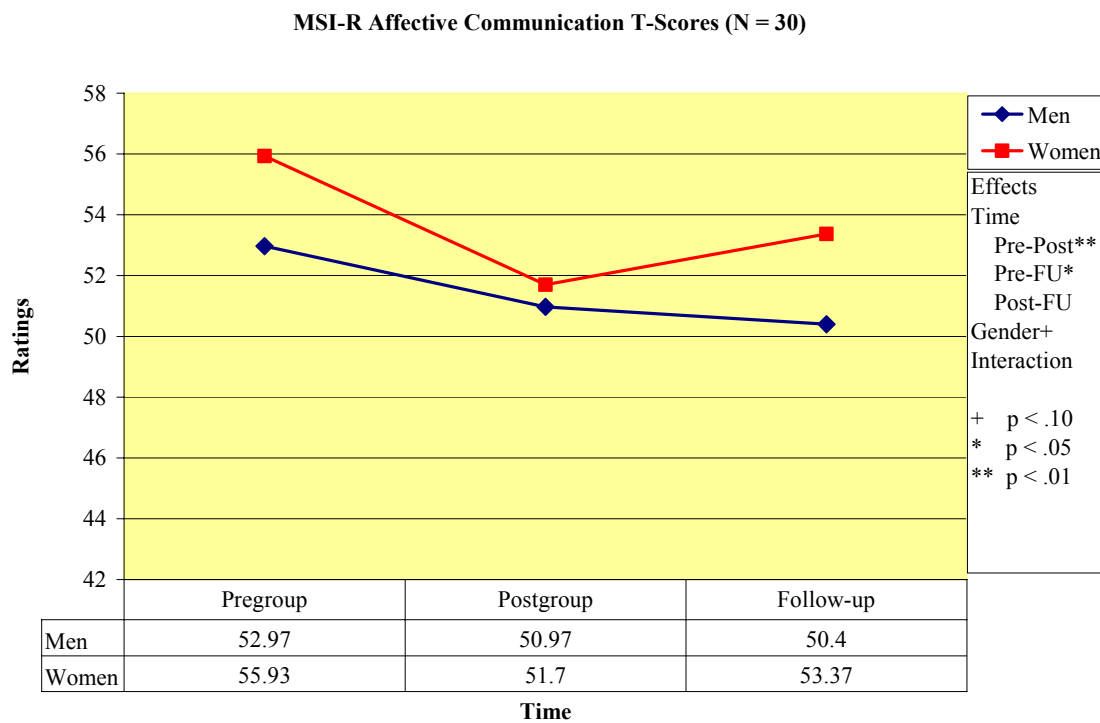
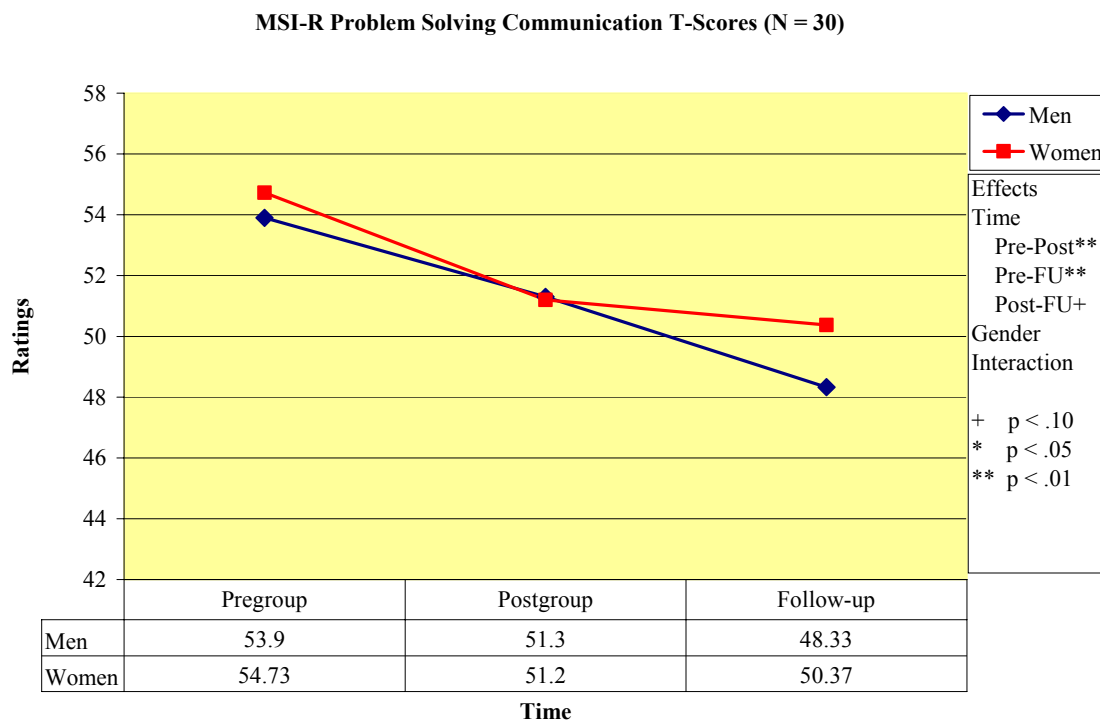
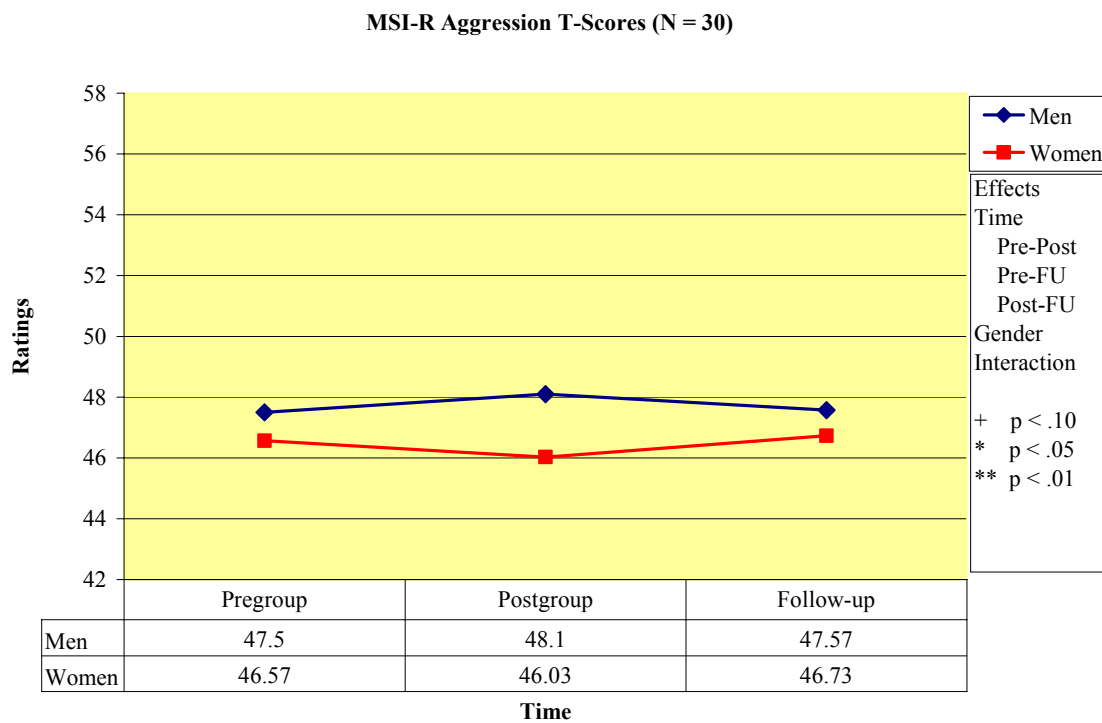


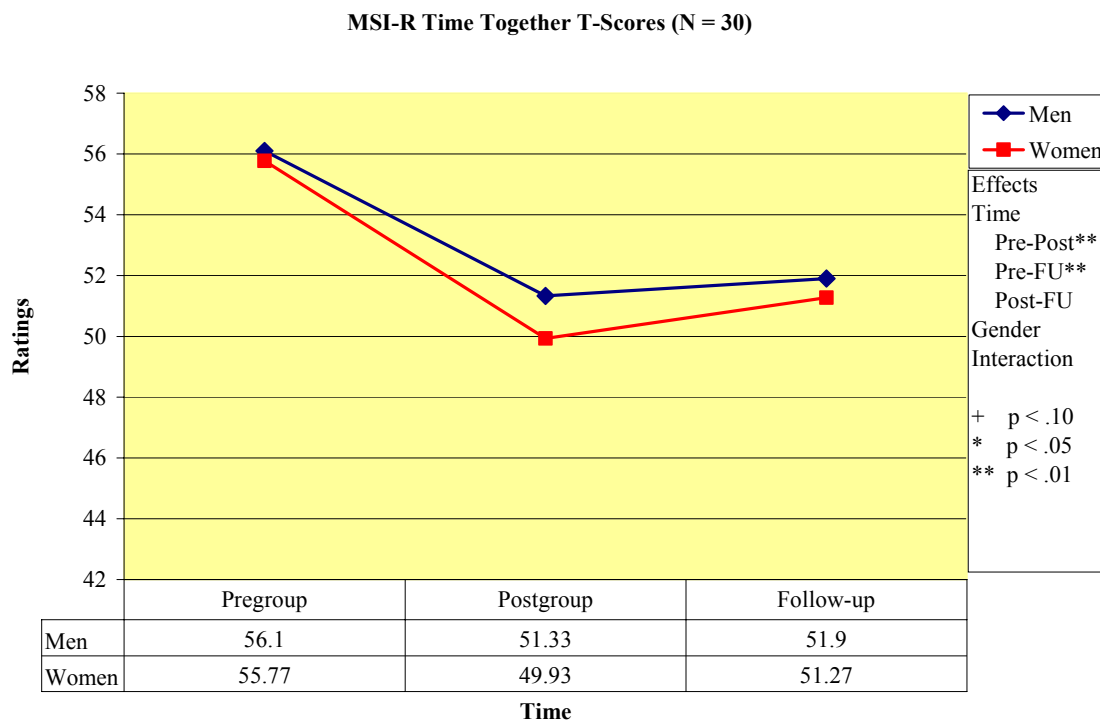
Figure 23. MSI-R Affective Communication T-scores (main effects and follow-up comparisons).



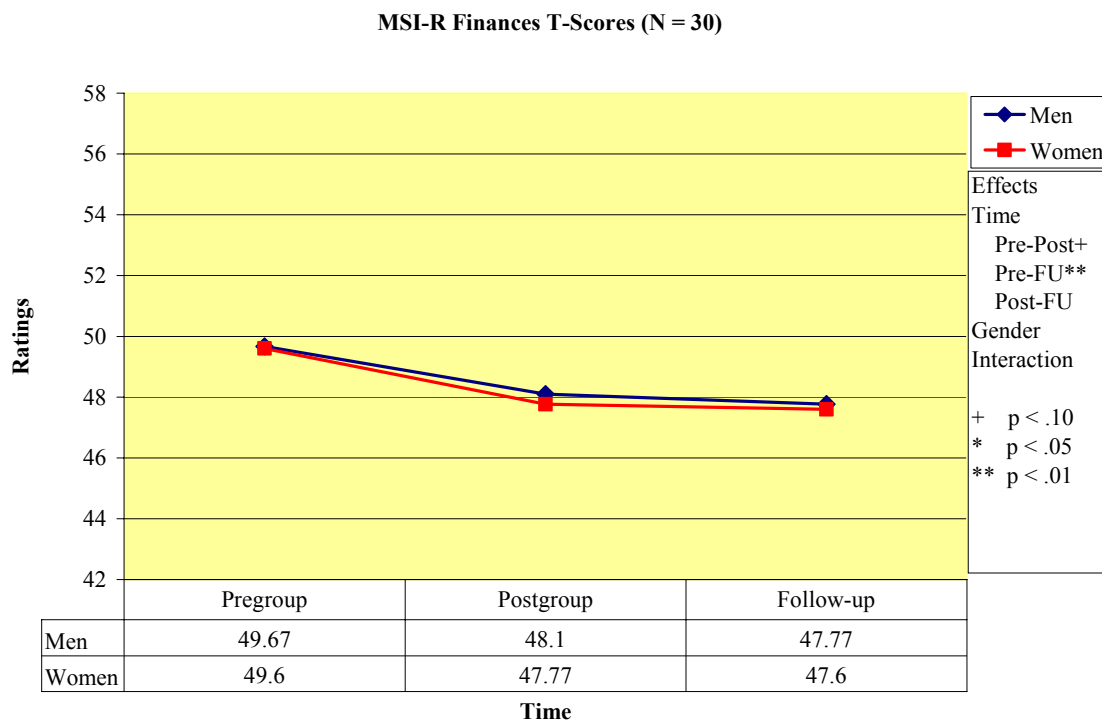
*Figure 24.* MSI-R Problem Solving Communication T-scores (main effects and follow-up comparisons).



*Figure 25.* MSI-R Aggression T-scores (main effects and follow-up comparisons).



*Figure 26.* MSI-R Time Together T-scores (main effects and follow-up comparisons).



*Figure 27.* MSI-R Finances T-scores (main effects and follow-up comparisons).



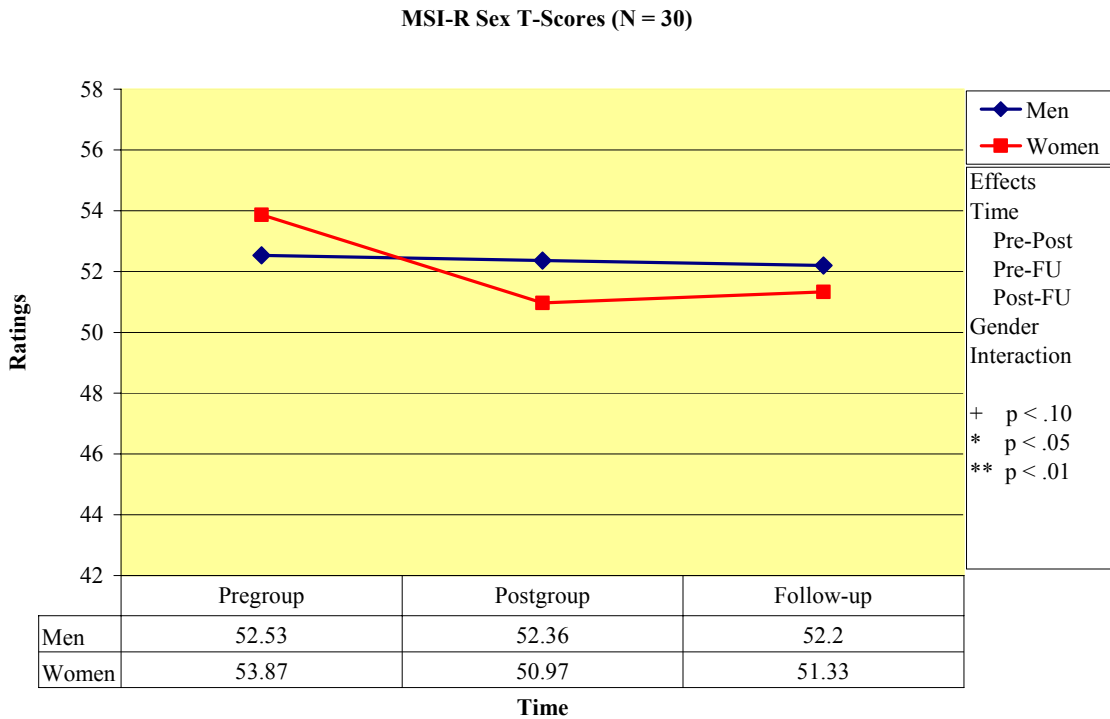
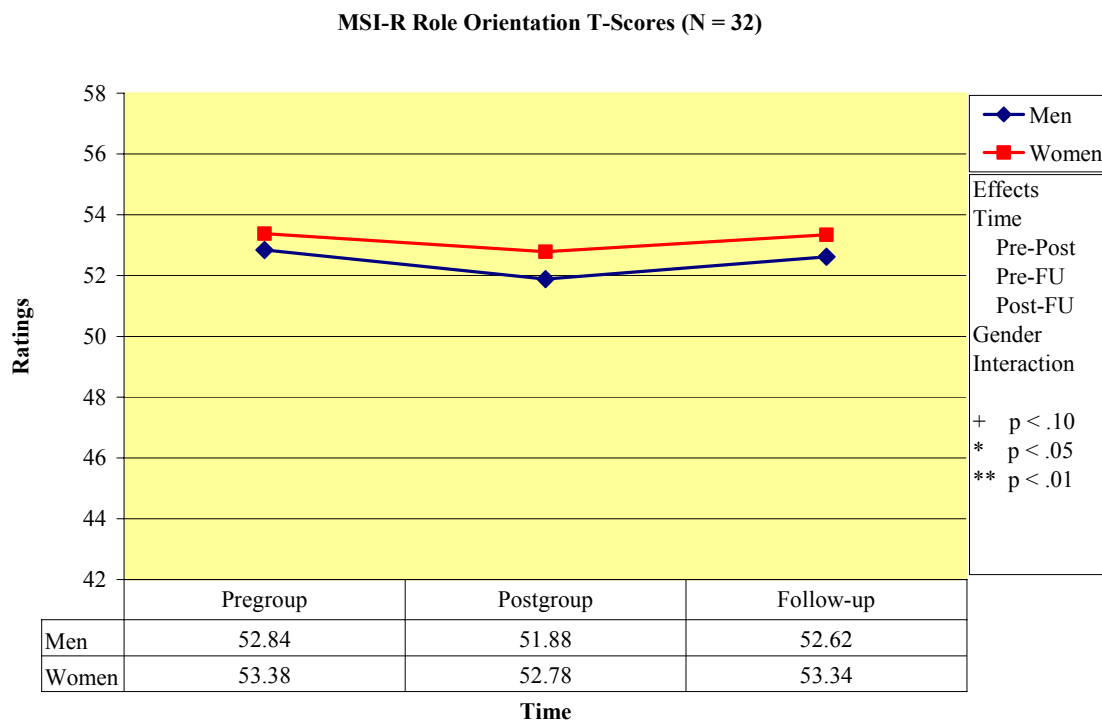
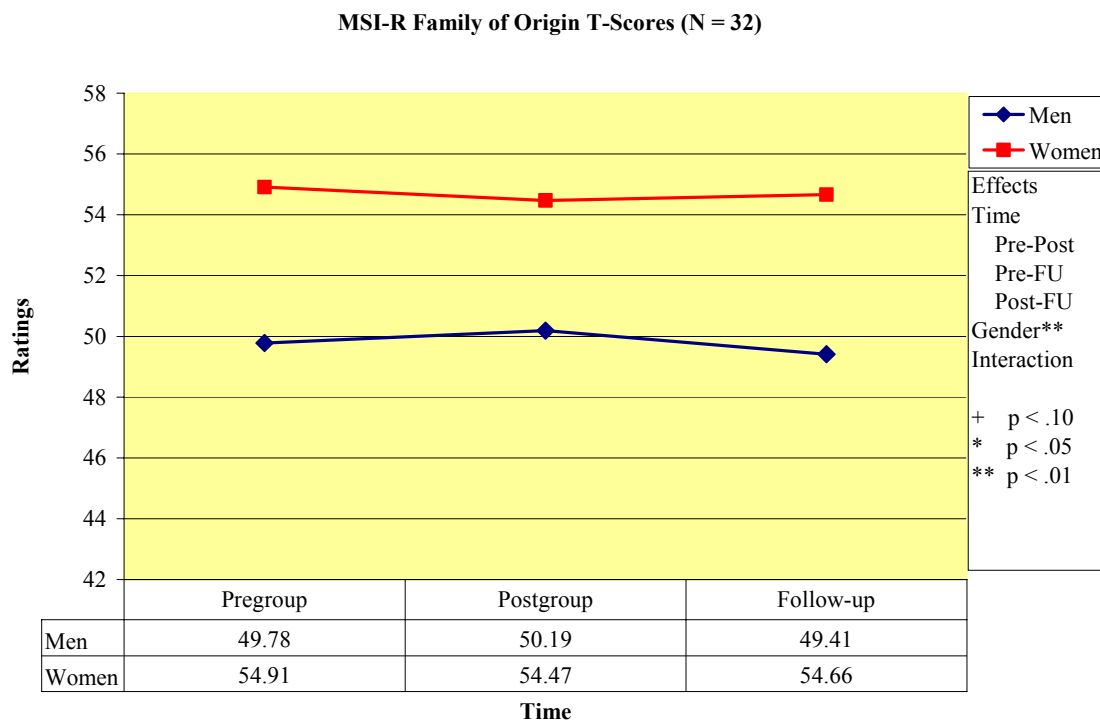


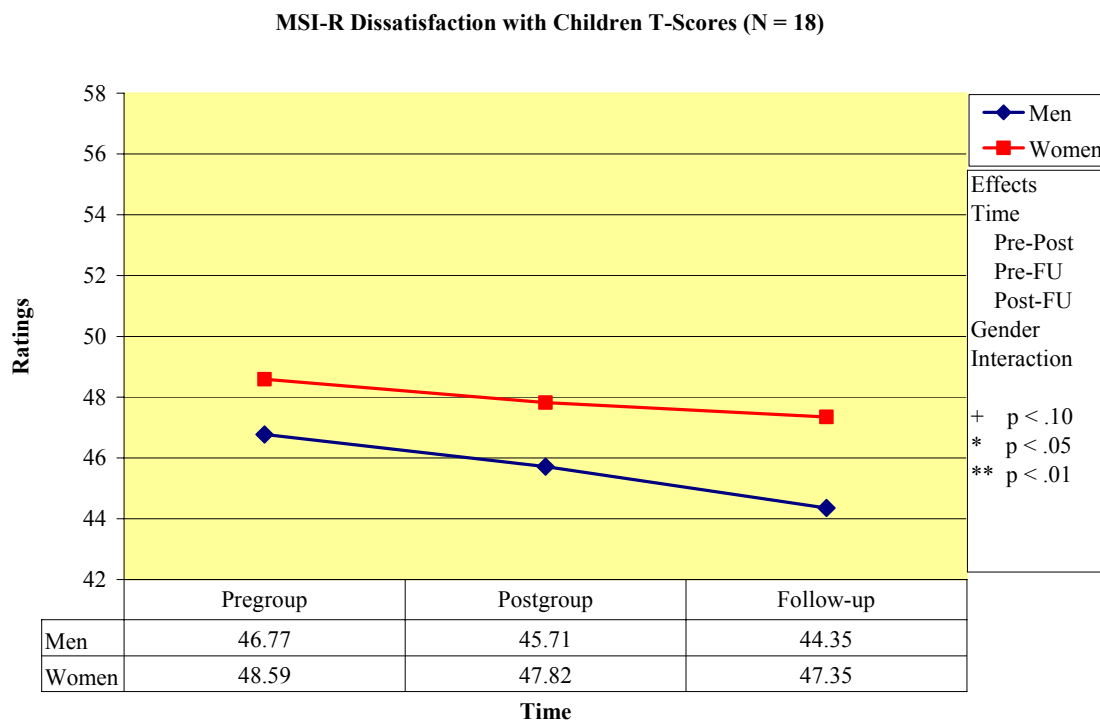
Figure 28. MSI-R Sex T-scores (main effects and follow-up comparisons).



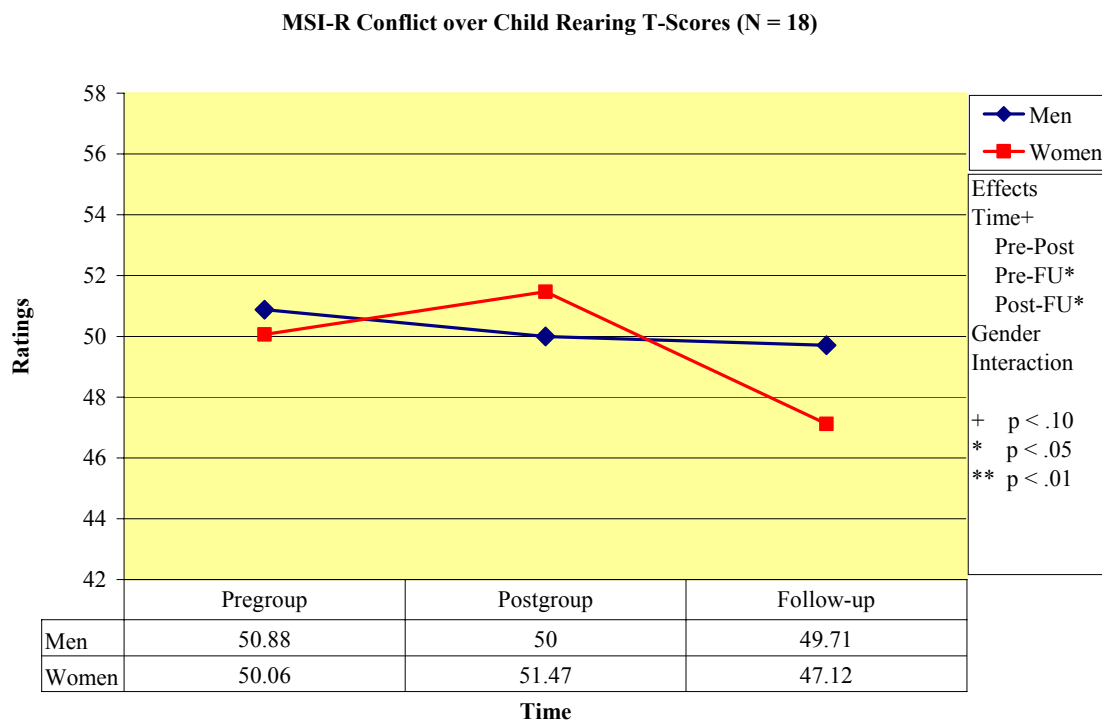
*Figure 29.* MSI-R Role Orientation T-scores (main effects and follow-up comparisons).



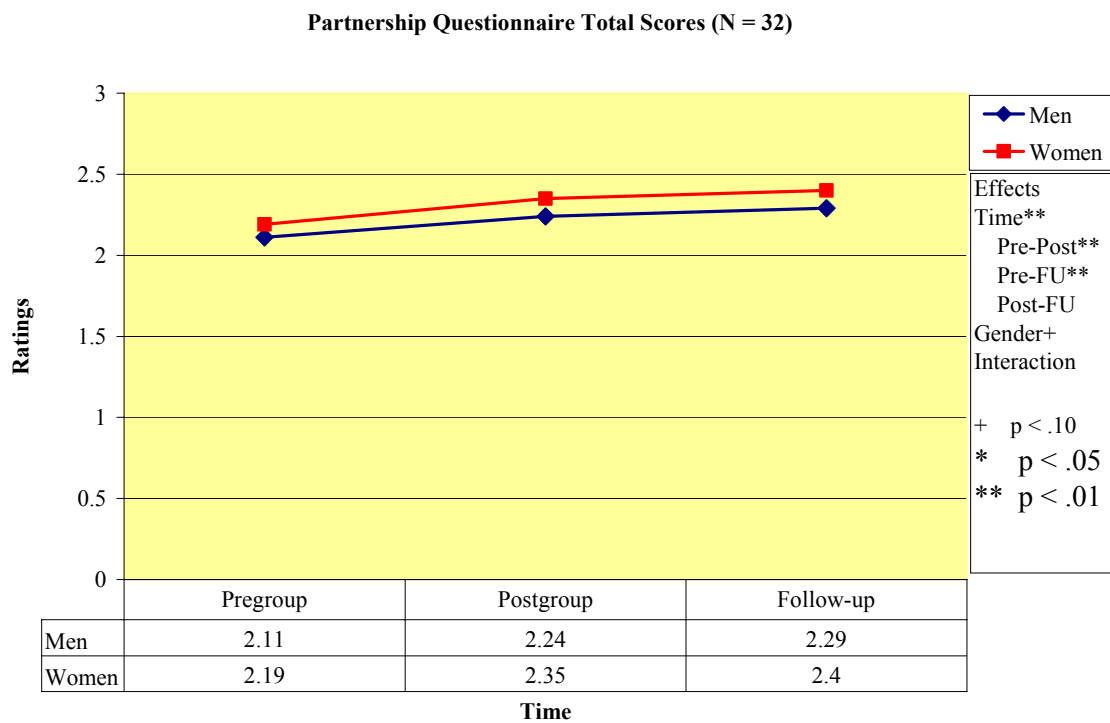
*Figure 30.* MSI-R Family of Origin T-scores (main effects and follow-up comparisons).



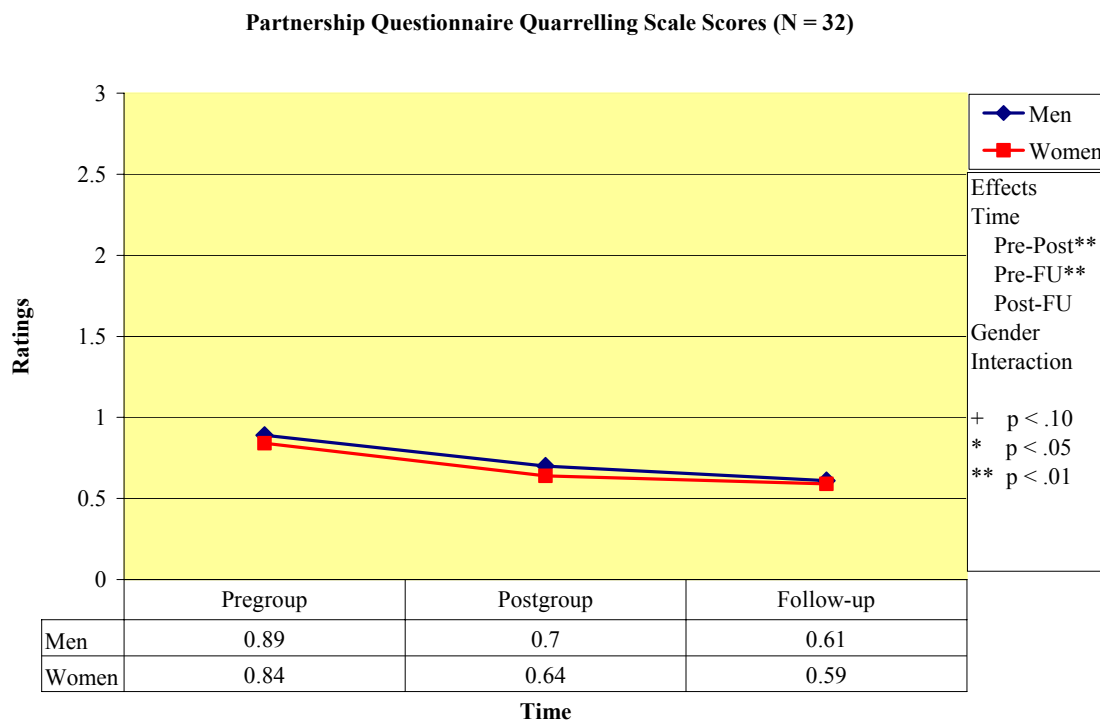
*Figure 31.* MSI-R Dissatisfaction with Children T-scores (main effects and follow-up comparisons).



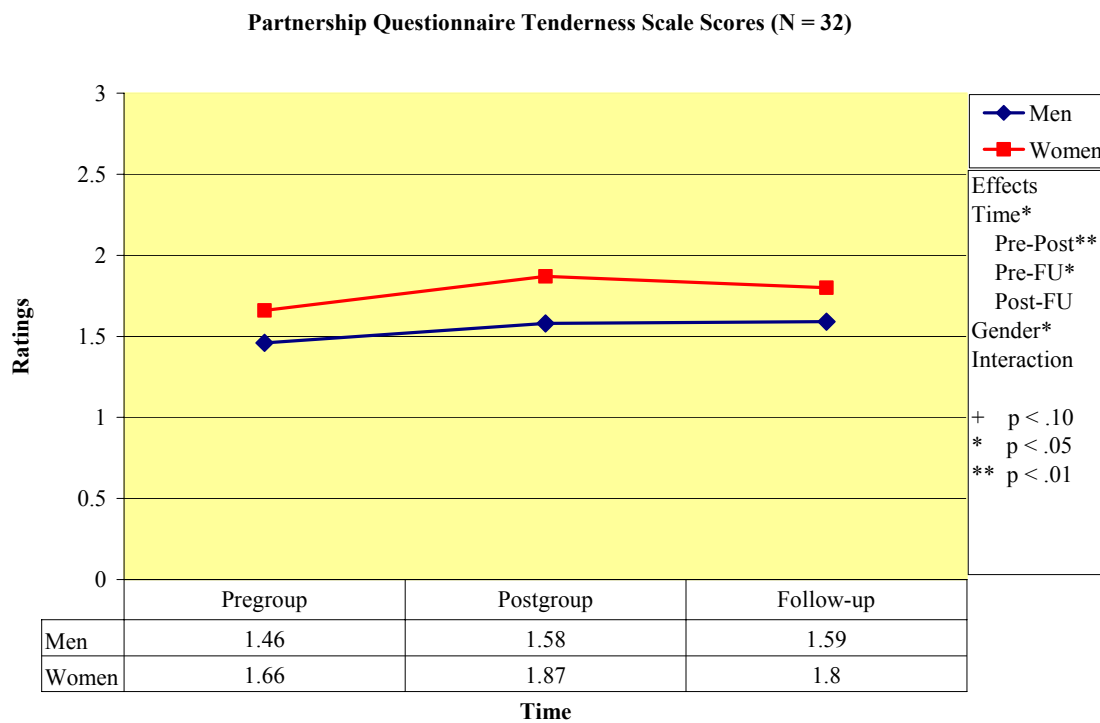
*Figure 32.* MSI-R Conflict over Child Rearing T-scores (main effects and follow-up comparisons).



*Figure 33.* Partnership Questionnaire Total scores (main effects and follow-up comparisons).

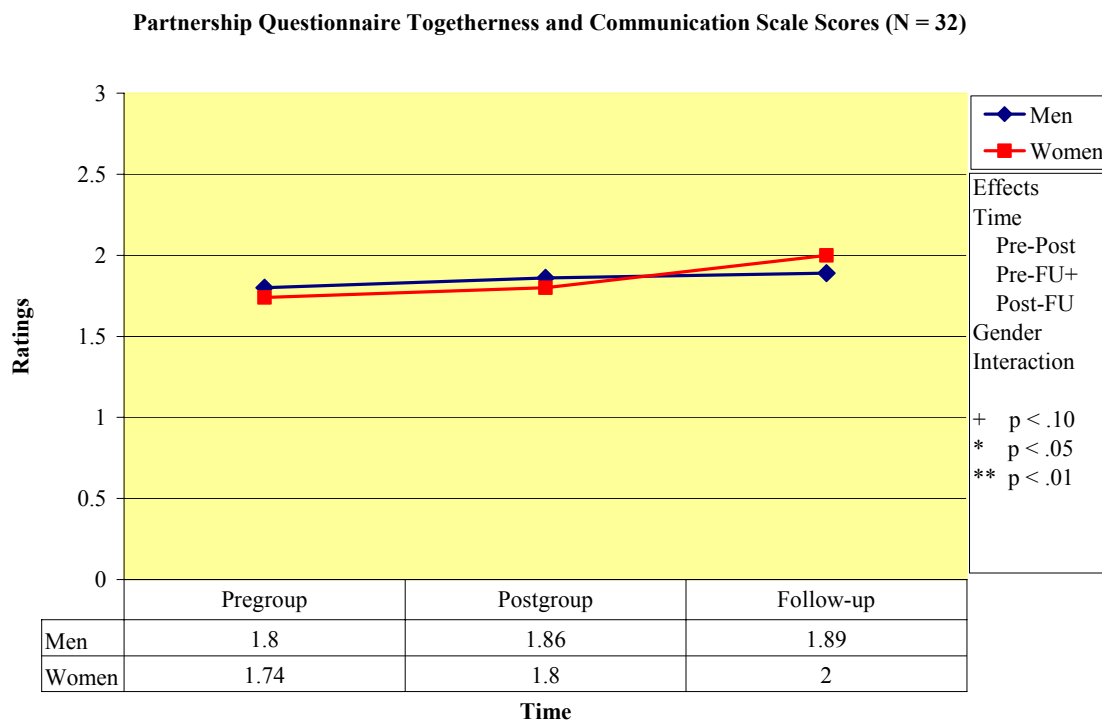


*Figure 34.* Partnership Questionnaire Quarrelling scores (main effects and follow-up comparisons).

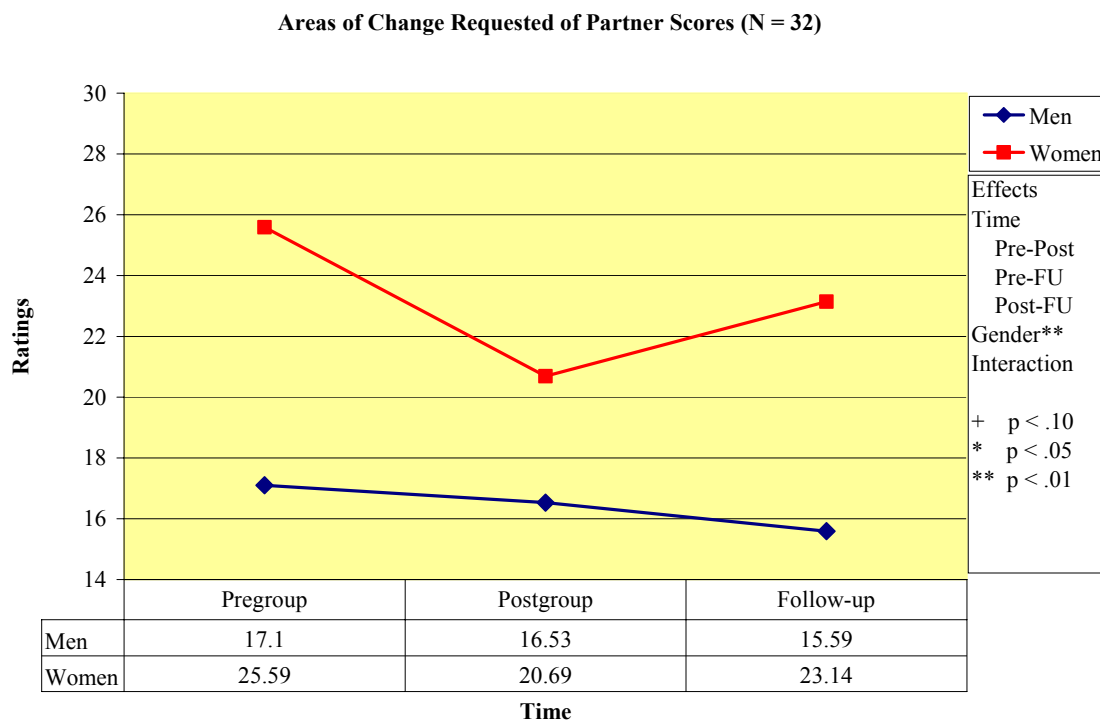


*Figure 35.* Partnership Questionnaire Tenderness Scale scores (main effects and follow-up comparisons).

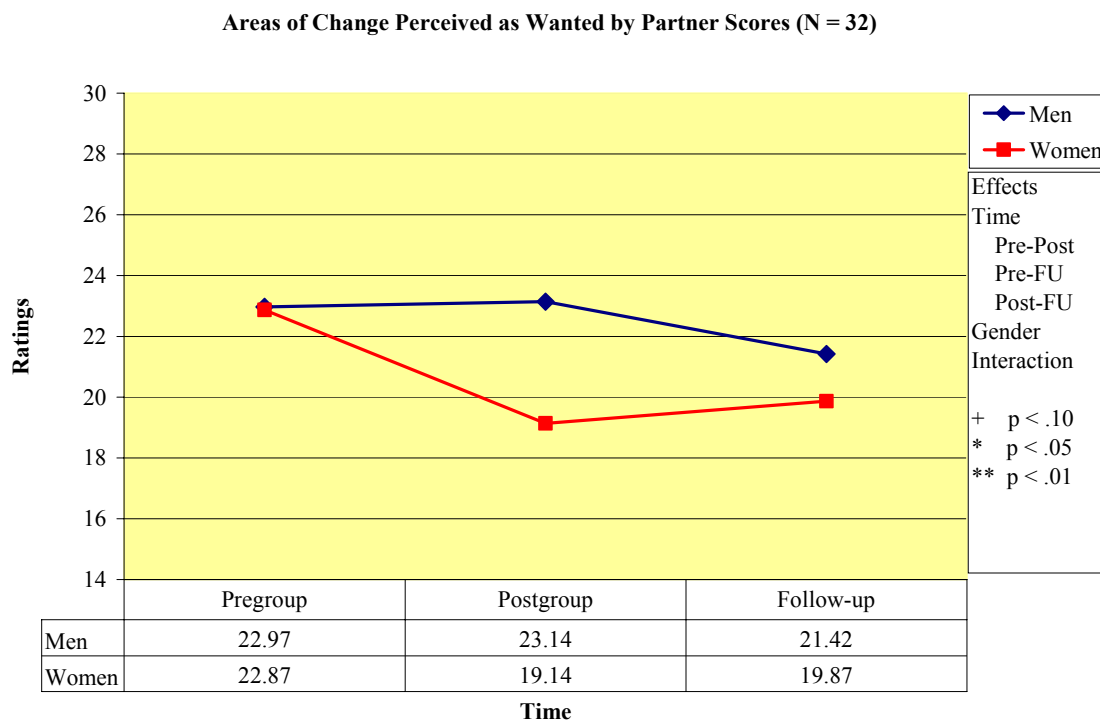




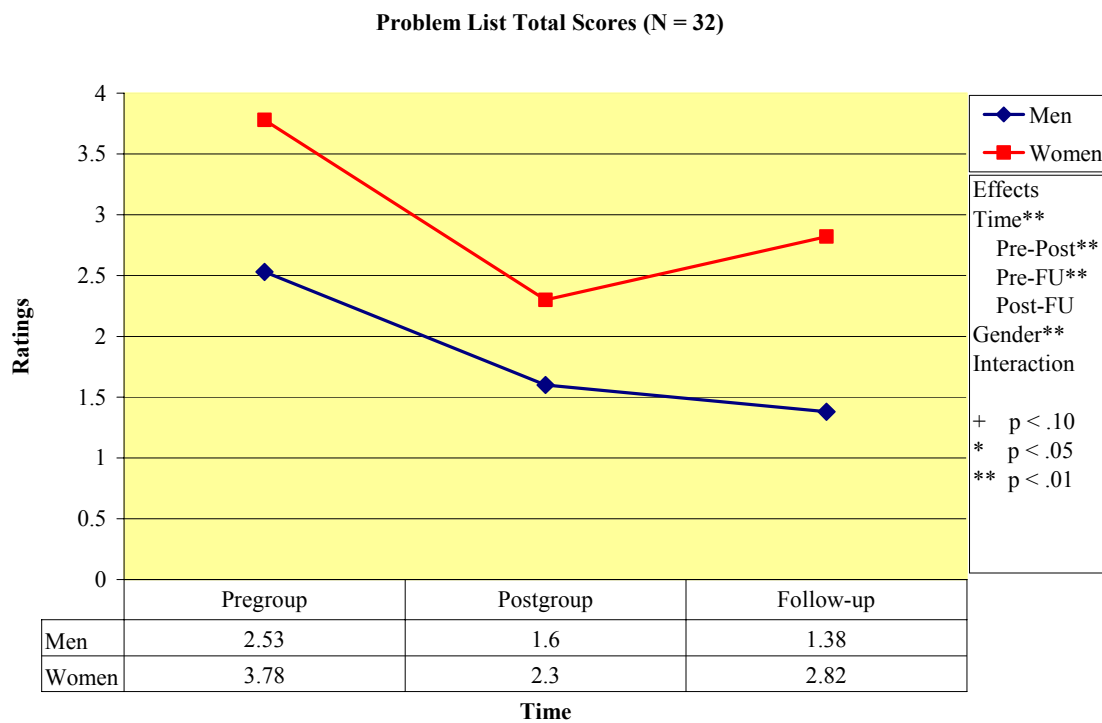
*Figure 36.* Partnership Questionnaire Togetherness and Communication Scale scores (main effects and follow-up comparisons).



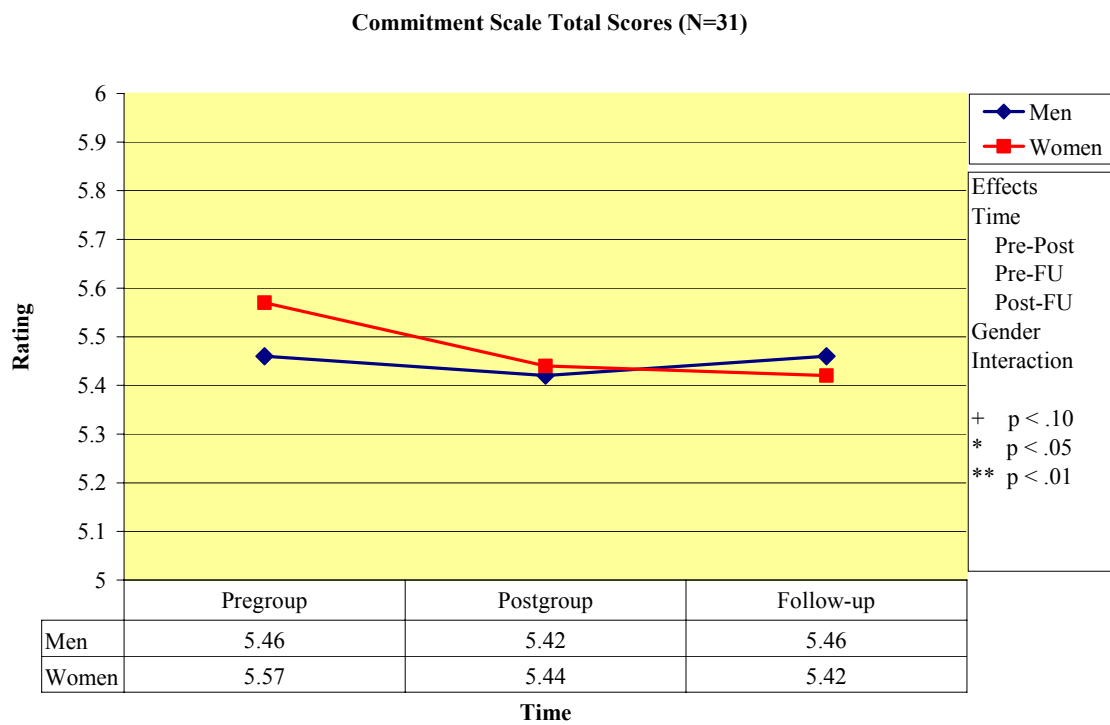
*Figure 37.* Areas of Change Requested of Partner scores (main effects and follow-up comparisons).



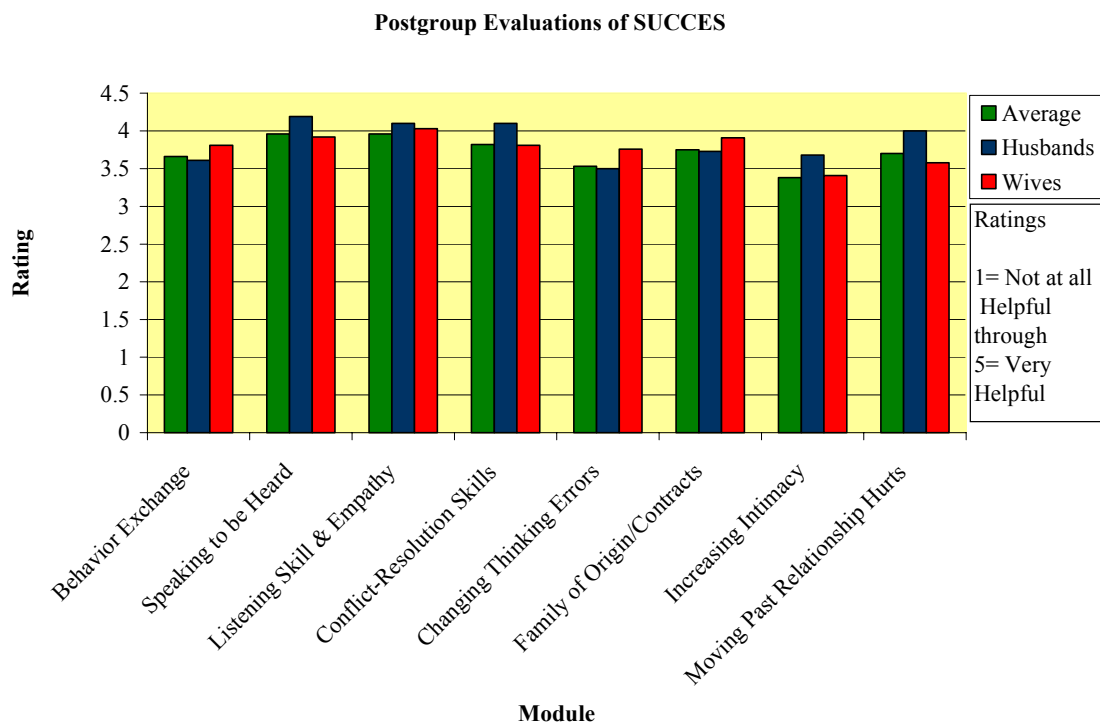
*Figure 38.* Areas of Change Perceived as Wanted by Partner scores (main effects and follow-up comparisons).



*Figure 39.* Problem List Total scores (main effects and follow-up comparisons).



*Figure 40.* Commitment Total scores (main effects and follow-up comparisons).



*Figure 41.* Postgroup evaluations of SUCCES.

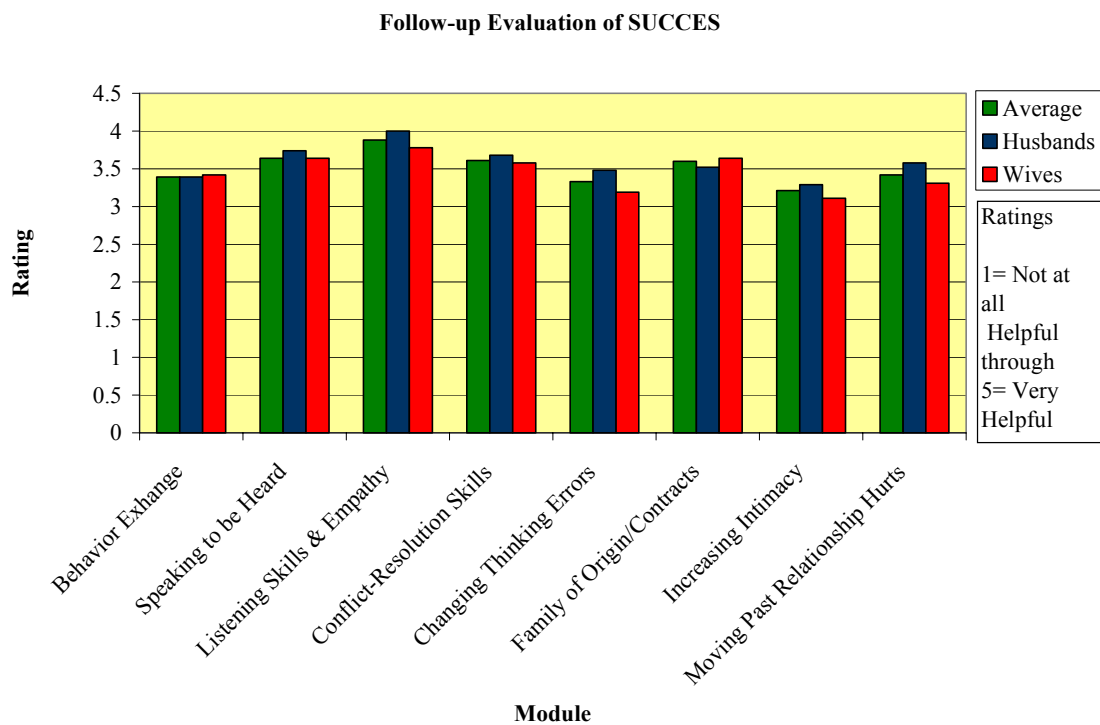


Figure 42. Follow-up evaluations of SUCCES.

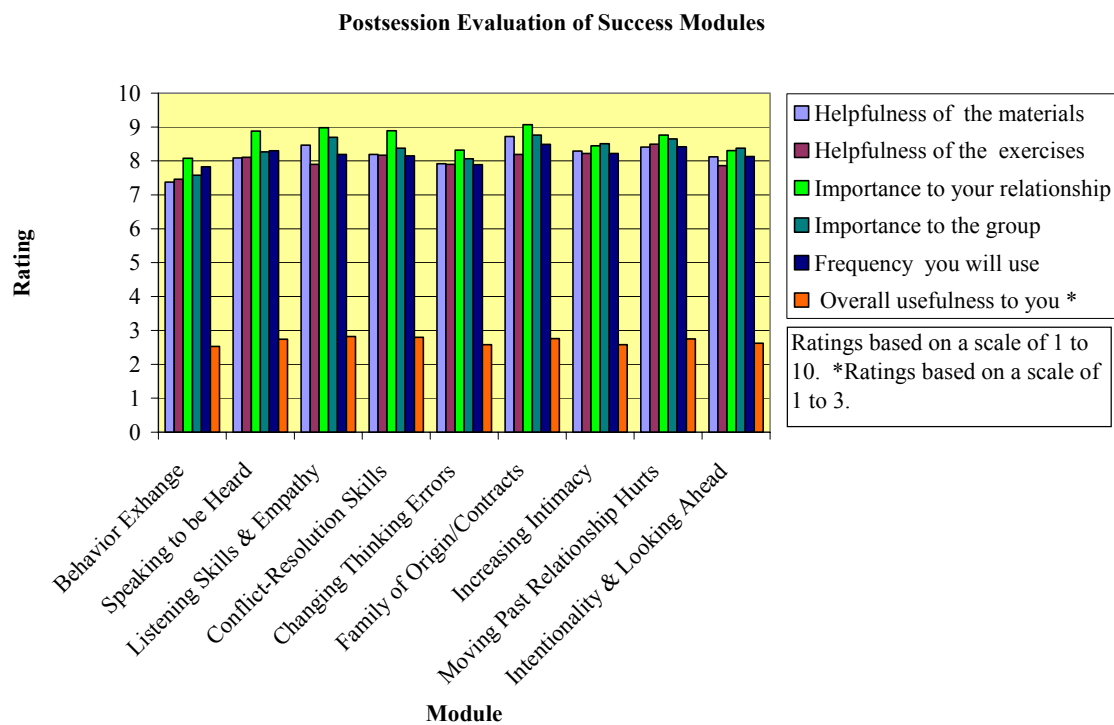


Figure 43. Postsession ratings of SUCCEs modules.



**Additional Intrapersonal Measures Summary**

	Scale	Pre- Post	Post - Follow-up	Pre - Follow-up	Spouse	Time * Spouse
▼	Agreeableness SR					
Decrease	Openness SR					
▲	Extroversion SR					
Increase	Conscientiousness SR					
	Emotional Stability SR				♀	
♂	Agreeableness PR					
Wives'	Openness PR					
Higher	Extroversion PR					
	Conscientiousness PR					
♀	Emotional Stability PR				♀	
Husbands'	CES-D Total					
Higher	CES-D DA				♂	
	CES-D IPC					
*	CES-D SC					
Significant	QOL Total	▲		▲		

*Figure 44.* Summary of findings from personality and additional intrapersonal measures.

MSI-R Summary

	Scale	Pre- Post	Post - Follow-up	Pre - Follow-up	Spouse	Time * Spouse
▼	Inconsistency			▼		
Decrease	Conventionalization	▲		▲		
▲	Global Distress	▼		▼		
Increase	Affective Communication	▼		▼		
♂	Problem Solving Communication	▼	▼	▼		
Wives'	Aggression					
Higher	Time Together	▼		▼		
	Finances	▼		▼		
♀	Sex					
Husbands'	Role Orientation					
Higher	Family-of-origin				♂	
*	Dissatisfaction with Children					
Significant	Conflict over Childrearing		▼	▼		

Figure 45. Summary of findings from the MSI-R.

### Additional Interpersonal Measures Summary

	Scale	Pre- Post	Post - Follow-up	Pre - Follow-up	Spouse	Time * Spouse
▼ Decrease	PQ Total	▲		▲	♂	
▲ Increase	PQ Quarrelling	▼		▼		
	PQ Tenderness	▲		▲	♂	
♂ Wives' Higher	PQ Togetherness			▲		
	ACQ Requested	▼		▼	♂	*
♀ Husbands' Higher	ACQ Perceived			▼		
	Problem List Total	▼		▼	♂	
* Significant	Commitment Scale					

Figure 46. Summary of findings from additional interpersonal measures.

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